

Depression Screening for Adolescents



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Acknowledgement and Disclaimer



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Recap: OPIP's Webinar Series

Part 1: What, Why, and How to **Educate** about Adolescent Well-Care Visits

- Three webinars

Part 2: From **Recommendations to Implementation:** Implementing & **Documenting** AWW in Alignment with CCO Incentive Metrics

- ***Today's webinar***, plus four other webinars

Part 3: Going to Them – Leveraging Partnerships with **School Based Health Centers (SBHCs)**

- Two webinars

OPIP's Ten Part Webinar Series

Part 2: From Recommendations to Implementation: Implementing & Documenting AWW in Alignment with CCO Incentive Metrics

1. Structure & Composition of adolescent well-care visits
(Held June 2nd)
2. Privacy and Confidentiality (Held June 30th)
3. Depression Screening and Follow-Up for Adolescents
4. Substance Abuse Screening, Brief Intervention, Referral
and Treatment for Adolescents
5. Alignment of Public and Private Payer Policies and
Impact on the Front-Line Provision of Services

CCO Incentive Metrics That Address Components of Bright Futures Recommended Adolescent Well-Visit

- **Depression Screening and Follow-Up to Depression Screening (Today's Webinar)**
 - Specifications based on the Meaningful Use measure
 - Data extracted from electronic health records and submitted to CCO/OHA.

- **Substance Abuse Screening & Brief Intervention (July 27th webinar)**
 - Based on **claims data ONLY**

Webinars will be shorter given the deeper dive into one topic area.

Goals For Today's Webinar

- Provide a quick recap/summary of **Bright Futures recommendations** inclusion of depression screening
- Understand other **levers for adolescent depression screening**
- Understand the **tools used for adolescent depression screening**
- Describe methods and strategies front-line practices have used to implement adolescent depression screening in a way that is aligned with the metric:
 - **Adolescent depression screening and follow-up** – processes to implement
 - **Documentation and billing strategies** for depression screening and follow-up aligned with metric
- Provide an overview of **how CCOs can support implementation** of care aligned with these recommendations

***Recommended Services Included in a Bright
Futures Aligned Adolescent Well-Visit***



Bright Futures Recommendations for Adolescent Well-Visits

★ = risk assessment to be performed with appropriate action to follow, if positive ← ● → = range during which a service may be provided

[illegible]

***In addition to recommendations, Levers for
Adolescent Depression Screening in Oregon***

State Health Priorities Addressed by Bright Futures Aligned Visits that Include Depression Screening

Health Topic Area Addressed in Adolescent Well-Visits	Relevant CCO Incentive or PCPCH Program Standard Addressed in context of a Well-Visit
Mental and behavioral health	Screening for depression †
Tobacco and substance use	Screening for alcohol and substance use (SBIRT)†,◇; smoking and tobacco cessation †,◇
Sexual behavior	Chlamydia screening in women ages 16-24†,◇; contraceptive use in women at risk for unintended pregnancy†,◇
Nutritional health	Diabetes: HbA1c Poor Control; BMI assessment / counseling †,◇
Immunizations	Immunization for adolescents †,◇
Violence and injury prevention	Screening for depression †; SBIRT †,◇

Alignment with Public Health Priority Measure:

† Healthy People 2020 Objective

◇ Oregon's Healthy Future/Oregon's State Health Profile

OR Patient Centered Primary Care Home Standards Related to Mental Health Screening

- <http://www.oregon.gov/oha/pcpch/Pages/standards.aspx>

Standard 3.A – Preventive Services (THIS STANDARD HAS BEEN REVISED)

- **3.A.1** - PCPCH routinely offers or coordinates recommended preventive services appropriate for your population (i.e. age and gender) based on best available evidence and identifies areas for improvement. (5 points)
- **3.A.2** - PCPCH routinely offers or coordinates recommended age and gender appropriate preventive services, and has an improvement strategy in effect to address gaps in preventive services offerings as appropriate for the PCPCH patient population. (10 points)
- **3.A.3** - PCPCH routinely offers or coordinates 90% of all recommended age and gender appropriate preventive services. (15 points)

Standard 3.C – Mental Health, Substance Abuse, & Developmental Services (THIS STANDARD HAS BEEN REVISED)

- **3.C.0** - PCPCH has a screening strategy for mental health, substance use, and developmental conditions and documents on-site, local referral resources and processes. (**Must-Pass**)
- **3.C.2** - PCPCH has a cooperative referral process with specialty mental health, substance abuse, and developmental providers including a mechanism for co-management as needed or is co-located with specialty mental health, substance abuse, or developmental providers. (10 Points)
- **3.C.3** - PCPCH provides integrated behavioral health services, including population-based, same day consultations by providers/behaviorists specially trained in assessing and addressing psychosocial aspects of health conditions. (15 Points)

CCO Incentive Metric:

Depression Screening & Follow-Up

- **Numerator:** Patients screened for depression on 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 positive screen.
- **Denominator:** All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period.
- **Exclusions and Exceptions to the Denominator:**
 - Check specifications
 - Example of Exclusion: Active diagnosis of depression, bipolar
 - Example of Exception: 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
- **Measurement Period:** Previous 12 months or Last Quarter of Measurement Year
- **Technical Specifications:**
 - <http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx>

Tools Used for Adolescent Depression Screening

Initial Depression Screen

PHQ-2

Two questions scored yes/no, can be embedded in routine health screen:

- 1. During the past month, have you been bothered by feeling down, depressed, or hopeless?*
- 2. During the past month, have you often been bothered by little interest or pleasure in doing things?*

A “yes” response to either question should be followed up with the administration of a PHQ-A and further clinical assessment

PLEASE NOTE: An adolescent may answer ‘no’ to both questions and still have suicidal ideation

Depression Severity Measure

PHQ-A

The PHQ modified for adolescents (PHQ-A):



Download available in documents section of the webinar interface:

- For use with ages 11-17
- Includes the PHQ-9 plus suicide questions
- English and Spanish

Mood (PHQ-A):

How often have you been bothered by each of the following symptoms during the past TWO WEEKS?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling down, depressed, irritable, or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Little interest or pleasure in doing things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trouble falling asleep, staying asleep, or sleeping too much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Poor appetite, weight loss, or overeating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Feeling tired, or having little energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trouble concentrating on things like school work, reading, or watching TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	1	2	3

In the PAST YEAR, have you felt depressed or sad most days, even if you felt okay sometimes?

☐ Yes ☐ No

If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?

☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life?

☐ Yes ☐ No

Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

☐ Yes ☐ No

Scoring the PHQ-A

Mood (PHQ-A):

How often have you been bothered by each of the following symptoms during the past TWO WEEKS?	Not at all	Several days	More than half the days	Nearly every day
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3. Trouble falling asleep, staying asleep, or sleeping too much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Poor appetite, weight loss, or overeating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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0 1 2 3

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☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life?

☐ Yes ☐ No

Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?

☐ Yes ☐ No

- Each question scored on a scale of 0-3
- Sum all question scores for a total score
- Total Score breakdown:
 - 0-4: Normal
 - 5-9: Mild
 - **10-14: Moderate**
 - **15-20: Moderately Severe**
 - **20-27: Severe**

Any positive on suicide questions warrants immediate follow up

Training for Practices on Implementing Depression Screening

OPIP

Depression Screening & SBIRT for Adolescents: Practical Considerations

<http://pcpci.org/resources/webinars/depression-screening-sbirt-adolescents-practical-considerations>

Oregon Pediatric Society

START Trainings for Adolescent Depression

– For more information on this training module, visit:

<http://oregonstart.org/modules/adolescent-depression/>

***Implementing Adolescent
Depression Screening:
Tips from the Front-Line***



Operationalizing Depression Screening

Learnings from the Front Line

Use of Broad-Based Tools That Incorporate Depression and SBIRT.....AND **STRENGTHS!!**

- All of the practices we have worked with have built screening into well-visits.
- Given that screening is ONE part of the larger visit, they wanted to streamline all relevant items into one form.
- Strongly encourage the use of a strength-based approach
 - Enhances usefulness of screening, other information helpful in addressing risks identified

Operationalizing Depression Screening:

Learnings from the Front Line

1. The Children's Clinic – Private Pediatric Practice
2. Kaiser Permanente Northwest
3. School Based Health Center - Multnomah County

Broad-based Strength and Screening Assessment Tools We Have Used

The Children's Clinic

Written annual questionnaire given to all teens 12 and older:

- Two versions of the tool:
 - Adolescent completed
 - Parent completed 2 pages

- Forms built into EMR
 - Results are query-able
 - Screening results scored and flags set up related to next steps (screen shots in next slides)

Broad-based Strength and Screening Assessment Tools: The Children's Clinic

■ Topics on form:

- Health concerns to be discussed
- School
- Health Habits
 - Exercise, Oral Health, Eating habits, Family drug use
- Personal Concerns
- Thoughts about yourself (PHQ2)
- Personal Habits (CRAFFT)
- Sexual Health

Adolescent Strengths and Risks Screening Tool: Maximizing the Adolescent Well Visit

Name: _____ Date of Birth _____ Date _____

1. Why did you come to the clinic today? _____
2. Do you have any concerns to discuss with the doctor today? _____
3. Who lives in your home? _____
4. Who do you talk to when things aren't going well? _____
5. Have you ever been in counseling? _____ Yes _____ No
6. Are you in counseling now? _____ Yes _____ No
If yes, who are you seeing? _____

School

1. Are you in school? _____ Yes _____ No
If yes, what school? _____ And what grade? _____
2. What do you like most about school? _____
3. Compared to last year, are your grades _____ the same _____ better _____ worse
4. Have you ever cut classes, skipped school, been expelled, or been suspended? _____ Yes _____ No
5. What do you do after school? _____
6. Do you work? _____ Yes _____ No If yes, on average how many hours per week? _____

Health Habits

1. Have you seen a dentist in the last year? _____ Yes _____ No
2. How many times a week do you exercise? _____ For how long? _____
3. What do you do for exercise? _____
4. Are you satisfied with the size or shape of your body, and your physical appearance? _____ Yes _____ No
5. In the past year, have you tried to lose weight or control your weight by vomiting, taking diet pills, laxatives, or starving yourself? _____ Yes _____ No
6. Does anyone in your family drink or take drugs so much that it worries you? _____ Yes _____ No
7. Do you regularly use:
 - a. Seatbelts? _____ Yes _____ No
 - b. Helmets? _____ Yes _____ No
 - c. Sunscreen? _____ Yes _____ No

Personal Concerns (Check any items below which concern or trouble you)

- | | | |
|--|---|---|
| <input type="checkbox"/> Stress at home | <input type="checkbox"/> Anger or temper | <input type="checkbox"/> Muscle or Joint Pain |
| <input type="checkbox"/> Making Friends | <input type="checkbox"/> Skin problems or acne | <input type="checkbox"/> Being Tired all the time |
| <input type="checkbox"/> Anxiety or Nervousness | <input type="checkbox"/> Diarrhea or constipation | <input type="checkbox"/> Stomach ache |
| <input type="checkbox"/> Sleeping Problems | <input type="checkbox"/> Headaches or Migraines | <input type="checkbox"/> Dizzy spells or fainting |
| <input type="checkbox"/> Boyfriends or Girlfriends | <input type="checkbox"/> Other _____ | |

Thoughts about Yourself

1. If you had four wishes what would they be? _____
2. Is there anything about yourself or your life you would like to be different? _____ Yes _____ No
If yes, what? _____

3. Over the past 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
a. Little interest or pleasure in doing things	0	1	2	3
b. Feeling down, depressed or hopeless	0	1	2	3



Download available in documents section of the webinar interface

Also available at:

Adolescent completed:

<http://oregon-pip.org/resources/Adolescent%20Questionnaire%20-%20TCC.pdf>

Parent completed:

<http://oregon-pip.org/resources/Adolescent%20Parent%20Questionnaire%20-%20TCC.pdf>

Adolescent Strengths and Risks Screening Tool: Maximizing the Adolescent Well Visit

Thoughts about Yourself

1. If you had four wishes what would they be? _____

2. Is there anything about yourself or your life you would like to be different? ____ Yes ____ No

If yes, what? _____

3. Over the past 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
a. Little interest or pleasure in doing things	0	1	2	3
b. Feeling down, depressed or hopeless	0	1	2	3

PHQ-2 Questions

EMR Forms that Map to this Tool

The Children's Clinic

- Help ensure patient confidentiality
 - Form structure
 - Parent forms to be completed at the same time
- Decision support to providers to help ensure follow up PHQ-9 if PHQ-2 is positive

14-18yr Risk Behavior Screen: BRADLEY X TEST

14-18yr Risk Behavior Screen

All Discussed

Discussed

- ☐ Alcohol
- ☐ Tobacco
- ☐ Drugs
- ☐ Sexual Activity
- ☐ Adolescent questionnaire reviewed.

ALL Cardiac risk answers are negative. ☐ Yes ☐ No

PHQ2 Score:

CRAFFT Score:

Comment

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

14-18yr Risk Behavior Screen: BRADLEY X TEST

14-18yr Risk Behavior Screen

All Discussed

Discussed

- ☐ Alcohol
- ☐ Tobacco
- ☐ Drugs
- ☐ Sexual Activity
- ☐ Adolescent questionnaire reviewed.

ALL Cardiac risk answers are negative. ☐ Yes ☐ No

PHQ2 Score: 4

CRAFFT Score: |

Print PHQ-9 blank

Add PHQ-9 form

Comment

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

Broad-based Strength and Screening Assessment Tools:

Kaiser Permanente Northwest

Standardized Questionnaire (Bright Futures-based) given to all teens, includes screening for:

- Home safety/concerns
- School successes/struggles
- Diet/supplements/body image concerns/exercise/screen time
- Sleep
- Sports readiness
- Sexuality/Abuse/Concern about pregnancy or STD/desire for birth control/menses (for females)
- Depression screening with PHQ-2 (follow up with teen with PHQ-9 if screens positive)
- Safety (seatbelt, driving, helmets, risky behaviors)
- Drug/EtOH use, friends using
- Outside activities
- Health concerns to be addressed

Alerts and information if due for:

- STD screening
- Overweight
- BP elevation
- Immunizations
- Depression screening or follow-up

Broad-based Strength and Screening Assessment Tools We Have Used

SBHCs in Multnomah County

- **Written annual questionnaire for the younger and older adolescents**
 - Based on Bright Futures topics
 - Identification of risks and strengths
 - Safety questions ie. abuse and suicide risk
 - Pre-screening tools on depression and substance abuse
 - PHQ-2
 - Pre-CRAFFT
 - If positive questions, refer to screening tool as indicated
 - PHQ-9
 - CESD
 - CRAFFT
 - SCARED
 - Vanderbilt
 - PSC
- **EHR Documentation**
 - “Episode” to review for Bright Futures topics covered and preventive care (WCC, last Chlamydia, BMI, Lipids, etc) completed
 - Tool for documenting Bright Futures topics
 - Stratification of topics
 - Anticipatory guidance suggestions
 - Strength identification

SBHC Adolescent Health Assessment

(Grades 9-12)

Name:	_____
MRN:	_____
DOB:	____/____/____ ID# _____
Sex:	M _ F (or place label here)

Today's Date: _____

Please answer these questions to help us get to know you and together we can plan the best care for you.
It's okay to skip any questions you are not comfortable answering.

I understand confidentiality (privacy) regarding my health information: YES ☐ NO ☐

PHYSICAL HEALTH, NUTRITION AND ACTIVITY

- How happy are you with your weight? Not at all 0 1 2 3 4 5 Very happy
- How interested are you in changing your eating habits? Not at all 0 1 2 3 4 5 Very interested
- Have you tried to lose or control your weight by making yourself throw up or by taking laxatives? YES ☐ NO ☐
- Are there times when your family does not have enough food to eat? YES ☐ NO ☐
- What exercise, sport or strenuous activities do you enjoy doing? _____
- How many hours per day do you watch TV, go on the Internet or play video games? _____

ORAL HEALTH

- Do you brush your teeth 2 times a day? YES ☐ NO ☐
- Do you floss your teeth daily? YES ☐ NO ☐

EMOTIONAL WELL BEING

- Who do you live with? _____
- Is there anything at home, school or with friends that is making you feel worried, upset or stressed? YES ☐ NO ☐
If yes, what? _____
- How well do you get along with your household members/family? Don't get along at all 0 1 2 3 4 5 Get along great
- On the whole, how much do you like yourself? Not at all 0 1 2 3 4 5 A lot
- Do you often feel worried, nervous, or scared? YES ☐ NO ☐
- Over the past two weeks, have you been bothered by any of the following problems?
- Feeling down, depressed, irritable or hopeless? YES ☐ NO ☐
- Little interest or pleasure in doing things? YES ☐ NO ☐
- Have you thought about or tried to kill yourself? YES ☐ NO ☐
- Do you have problems with sleep? (e.g., falling asleep, waking up at night or nightmares) YES ☐ NO ☐

SCHOOL AND FRIENDS

- How important is school to you? Not important at all 0 1 2 3 4 5 Very important
- In the past 30 days, how often did you skip or cut school? Never ☐ 1-3 times ☐ more than 3 times ☐
- Did you fail any classes last year or are you worried about failing any classes now? YES ☐ NO ☐
- Have you ever been suspended or had a referral? YES ☐ NO ☐
- I have at least one good friend or group of friends I am comfortable with. YES ☐ NO ☐

SAFETY AND INJURY PREVENTION

- Do you always wear a seatbelt in the car? YES ☐ NO ☐
- Does anyone bully, harass or pick on you? YES ☐ NO ☐ In the past ☐
- Do you or anyone close to you have guns or weapons? YES ☐ NO ☐
- Has anyone ever hurt, touched or treated you or anyone in your house in a way that made you feel scared or uncomfortable? YES ☐ NO ☐

RISK REDUCTION

- Have you had sex? YES ☐ NO ☐
- Do you want information about how to avoid pregnancy (birth control) and/or sexually transmitted infections? YES ☐ NO ☐
- During the past 12 months, did you: - Drink any alcohol (more than a few sips)? YES ☐ NO ☐
- Smoke any marijuana or hashish? YES ☐ NO ☐
- Use anything else to get high? YES ☐ NO ☐

(Anything else includes: illegal drugs and over the counter and prescription drugs and things that you sniff or "huff")

- Have you ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs? YES ☐ NO ☐
- Do you ever smoke cigarettes/cigars, use snuff or chew tobacco? YES ☐ NO ☐

PLEASE TELL US MORE ABOUT YOURSELF

- Who is an adult you feel cares about and supports you? _____
- What is something now that you are more independent at than a year ago? _____
- How do you cope when life feels hard? _____
- What is something you are good at or enjoy doing? _____
- What is something you do to stay healthy? _____
- What is one thing that makes a healthy dating relationship? _____
- What is something you do to keep yourself safe from injury and violence? _____
- What school, community, employment or volunteer activity are you involved in? _____

Student signature: _____

for office use only

Reviewed by: _____ Date: _____



Download available in documents section of the webinar interface

Also available at:

Early Adolescent (9-12):

http://oregon-pip.org/resources/Multnomah%20County%20Health%20Dept%20Child_Early%20Adolescent%20Health%20Assessment.pdf

Older Adolescent (13-18):

<http://oregon-pip.org/resources/Multnomah%20County%20Health%20Dept%20Adolescent%20Health%20Assessment.pdf>

Other Tools that Incorporate Depression and SBIRT

Bright Futures Pre-Visit Encounter Form

http://brightfutures.aap.org/tool_and_resource_kit.html

GAPS - Guide to Adolescent Preventive Services - American Medical Association Tool

[**http://www.aafp.org/afp/1998/0501/p2181.html#sec-1**](http://www.aafp.org/afp/1998/0501/p2181.html#sec-1)

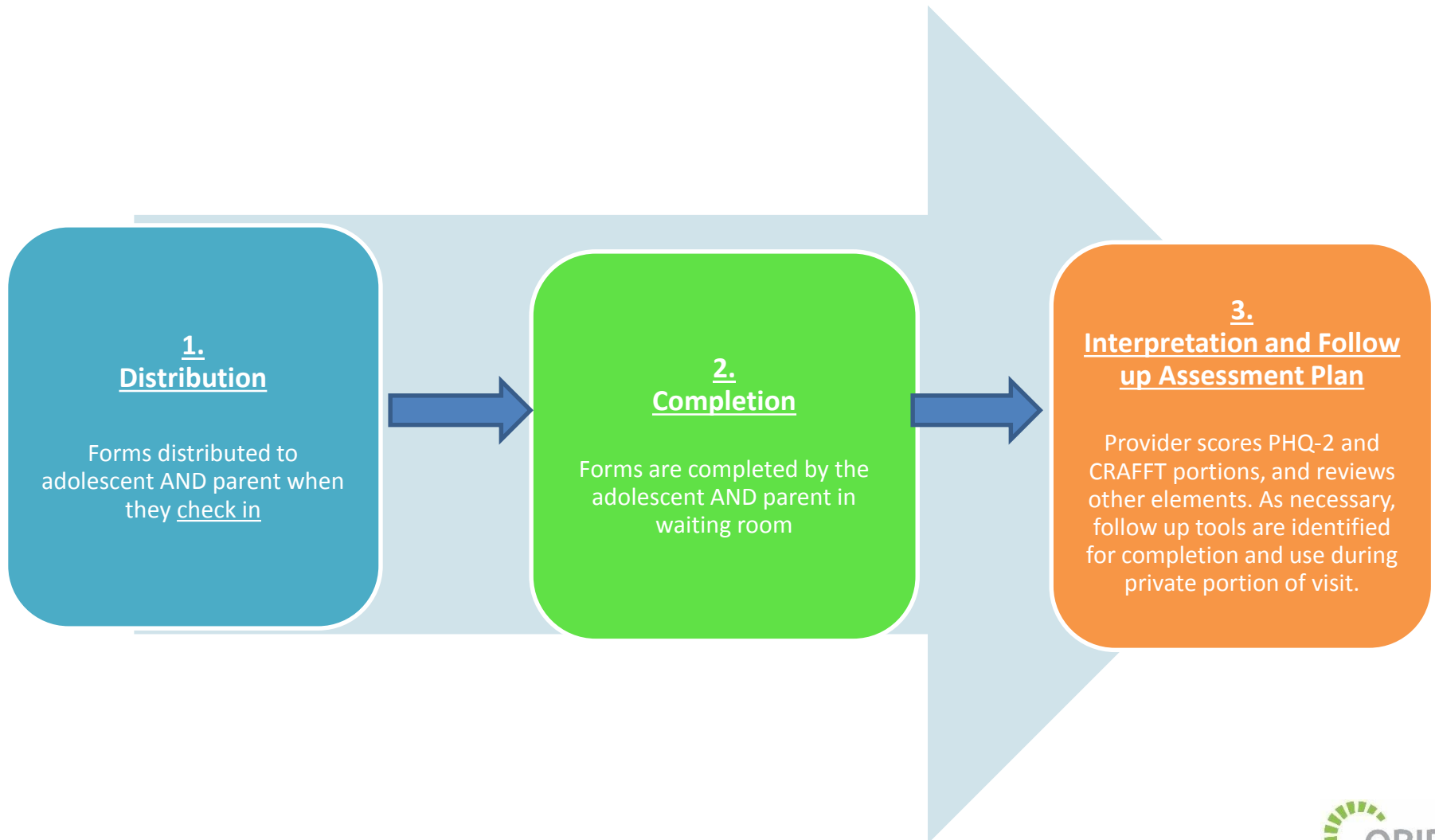
Key Learnings from Practices Using These Tools

1. Tools helped identify adolescents they were sure were “Fine” and would not have identified as depressed
2. The items about what they would want if they have four wishes are VERY telling.
3. Completing the tool takes time - consider that when designing workflows.

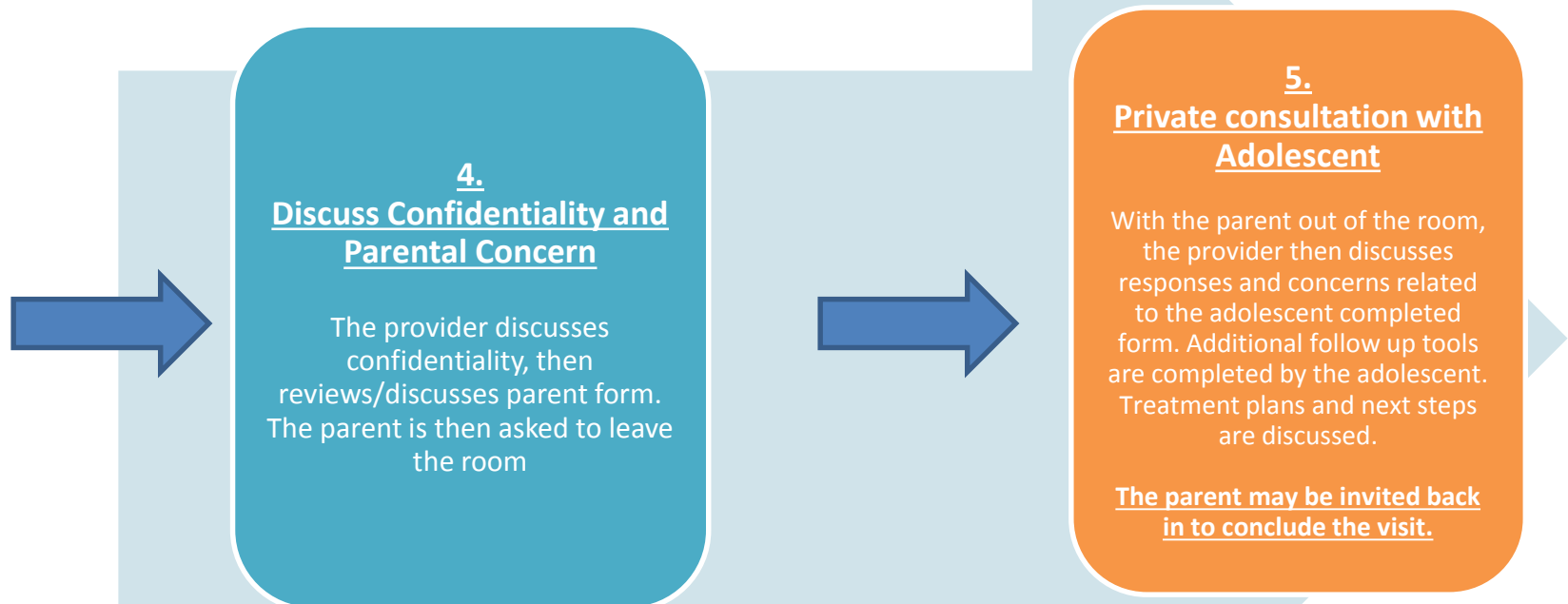
Office Work Flow in Using General Adolescent Screening Tools

1. In order to implement, Primary Care offices must first know their work flow and variations by provider.
 - Consider not offering sports physicals, but build this into all “well” visits and ensure broad topics are addressed.
2. **NEED** to address confidentiality and allow for private time in the room.
 - This is **CRITICAL**.
 - Screening tools are less valid if not done in this context.
3. Where and if possible, build in related forms in your EMR.

Example of a General Work Flow Around Screening and Scoring



Example of a General Work Flow Around Addressing Results



Key Learnings from Practices Using These Tools:

Mapping the EMR to Clinic Work Flow

Considerations for building EMR forms:

1. Automate billing for screens
 - Note – while the depression screening metric is EMR based, there are codes that could be used to bill for the PHQ-2 and the PHQ-9
2. Query screen results
3. Do the right thing → Decision supports!
 - If using PHQ-2, flags to use the PHQ-9
4. Obtain teen and parental education and resources and build links in EMR
5. Track referrals

Follow-up to Depression Screening: CCO Incentive Metric Guidance

- **Follow-Up plan** is the proposed outline of treatment to be conducted as a result of a positive depression screening.
- Follow-up for a **positive depression screening** must include one or more of the following:
 - Additional evaluation.
 - **PHQ-9 Can be follow-up for those identified at risk via the PHQ-2**
 - **Most commonly used strategy by practices**
 - 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.

Example in a QI Project:

Depression Rates & Follow-Up

	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6
Proportion of Screened Adolescents Identified At Risk	30% (12/40)	26% (20/76)	9% (3/32)	29% (29/100)	17% (10/58)	27% (14/52)
Of those: Follow-Up Steps for Depressed Youth (Aligned with CCO Incentive Metric)	100% (12/12)	90% (18/20)	100% (3/3)	86% (25/29)	100% (10/10)	86% (12/14)
Referred	33% (4/12)	55% (11/20)	33% (1/3)	31% (9/29)	70% (7/10)	50% (7/14)
Counseled	92% (11/12)	90% (18/20)	0% (0/3)	83% (24/29)	100% (10/10)	86% (12/14)
Care Plan	75% (9/12)	80% (16/20)	67% (2/3)	31% (9/29)	10% (1/10)	7% (1/14)

Barriers to Robust Follow-Up

- Lack of knowledge about HOW to follow-up
- Lack of awareness of resources to refer the child to
- Lack of availability of resources that serve adolescents
- Lack of communication from the resource they would refer to
- Lack of teen buy in to go a referral
 - To go to outside resource
 - To be able to feasibly go

Resources and Strategies to More Robustly Address Follow-Up

- **OPAL K Mental Health Care Guide for Depression:**
 - <http://www.ohsu.edu/xd/education/schools/school-of-medicine/departments/clinical-departments/psychiatry/divisions-and-clinics/child-and-adolescent-psychiatry/opal-k/upload/OPAL-K-Depression-Care-Guide-7-1-16.pdf>
- **Enhancing Pediatric Mental Health Care: Algorithms for Primary Care.** *Pediatrics* 2010;125;S109.
- **Guidelines for Adolescent Depression in Primary Care (GLAD-PC): II. Treatment and Ongoing Management.** *Pediatrics* Vol. 120 No. 5 November 1, 2007 pp. e1313 -e1326.
- **Developing Effective Safety Plans for Suicidal Youth.**
[http://www.starcenter.pitt.edu/Files/PDF/STAR%20Center%20KOP%20-%20Wintersteen%20\(2012-03-19\).pdf](http://www.starcenter.pitt.edu/Files/PDF/STAR%20Center%20KOP%20-%20Wintersteen%20(2012-03-19).pdf).
- Oregon Psychiatric Access Line about Kids (OPAL-K)
 - www.ohsu.edu/opalk
- Some practices have used strategies leveraging:
 - In-House Mental Health in the Primary Care Practice
 - Partnerships with mental health in SBHCs

Example – Assessment of Factors Associated with Depression

- Positive capital
- Sleep hygiene
- Exercise
- Diet
- Screen time limits



***Documentation and Billing
for Adolescent
Depression Screening and Follow Up***



Implementing the Processes Does Not Equal Documenting the Process in a Way that Can Be Counted

- There is a very important difference between implementing systems and processes related to depression screening and follow-up
- OPIP has observed:
 - Many practices doing the depression screening are not documenting in searchable fields that would make it feasible for them to report their screening rates
 - A large focus of our implementation work has been on how to document and build searchable fields to allow for assessment
 - This has included forms in the EMR
 - This has ALSO included claims that could be used to identify the population of focus
 - Many practices still have difficulty running reports
 - At a system-level, the metric is a population-based measure
 - Consider all the places the adolescent may go that may be screening (e.g. SBHC)

Some More Disclaimers Before We Share About HOW Practices Used Claims/Documentation to Meet Incentive Metrics

- At a Practice-Level: There are some “grey” issues and variations by CCO and region
 - Observed significant variations in process used across CCOs
- Difference between public and privately insured – which impacts the practices and their process
 - Remember: **Billing needs to be done universally**; practices can’t do things for just publicly insured.
 - Therefore, as a CCO you need to provide guidance on steps that can be used across their patients
 - **Payment Policies likely vary** across payors and need to be taken into account by the practice
 - Some plans may apply charge to **deductible**
 - Have found that use of modifiers like -25 and -33 reduce likelihood of it being applied to deductibles

Billing Codes for Depression Screening and Factors to Consider for Adolescents

- CCO Incentive Metric is NOT claims-based and NOT for screening – it is an EMR based metric based on outcome of screening

*That said, here are some options to consider to **billing for the screening**:*

- Codes Related Screening
 - Use a modifier -25, Some have used modifier -33 as well
 - Remember issues with confidentiality

Option 1: CPT 96127 - Specific for emotional / behavioral screening tools

- Theoretically can be used for either PHQ-2 or PHQ-9
- Generally, -25 modifier is used on 96127 to indicate additional services attached to a well visit code.

Option 2: CPT 99420 - Non-specific screening tool

- Note: if you are doing internal tracking, need to be able to distinguish depression screening tool from SBIRT screening
- Payors may not reimburse for TWO 99420s

**** 96217 currently pays less than 99420**

Depression Screening Follow-Up Plans

- CCO Incentive Metric includes screening *and follow up plan*
- Basics of documentation for everyone screened:
 - Screening tool administered, scored and interpreted
 - Guidance subjects discussed (positive capital, sleep hygiene, diet)
 - **Follow-Up Plan for those identified at risk**

Follow-up to Depression Screening: CCO Incentive Metric Guidance

- **Follow-Up plan** is the proposed outline of treatment to be conducted as a result of a positive depression screening.
- Follow-up for a **positive depression screening** must include one or more of the following:
 - Additional evaluation.
 - E.g. PHQ-9 Can be follow-up for those identified at risk via the PHQ-2
 - Most commonly used strategy by practices
 - 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.

Practices Documentation to Align with CCO Depression Screening Follow-Up Metric

- Most practices we have worked focused on adolescents have built two searchable fields:
 - PHQ-2
 - PHQ-9.
- For those using the PHQ-9
 - Created care plans with searchable fields that map to the required components and a check box that the provider indicates they have discussed the topic

How CCOs Can Support Implementation

CCO Activities That Would Support These Concepts

Support to Practices to Learn About These Policies & Implement Them:

- Clarifications and resources in provider handbooks to help eliminate “grey” issues for billing and the variations by CCO and region - this is VERY hard for practices serving multiple payors to track.
- Examine access to behavioral health follow up services for adolescents – in our experience this is very different than adults and is a barrier to practices doing depression screening in the first place
- Resource for practices to do a self-assessment of their systems and processes related to adolescent well-care visits (more on the next slide)
- Support for training on key issues
- Support for implementation of depression screening and follow up
- EMR and portal support for implementing decision support for a positive screen and educational materials
- Partner with OHA Adolescent Health on trainings related to the rules and regulations

OPIP's Adolescent Office Report Tool

Adolescent Office Report & Assessment (AORTA) ©

- **Used to measure and assess office systems and processes that relate to adolescent care, including the following domains:**
 - Use of adolescent completed tools
 - Privacy and confidentiality
 - **Depression screening, documentation, follow up, and population management**
 - Substance abuse screening, documentation, follow up, and population management
 - Care coordination
 - Quality improvement

Link to the tool online:

<http://oregon-pip.org/resources/Adolescent%20Office%20Report%20Tool%20Assessment%20-%20OPIP%20-%202014.pdf>

Resources

Resources for Download

- Slide deck from today
- PHQ-A
- **The Children's Clinic Screening Tools:** Adolescent Questionnaire and Adolescent Parent Questionnaire
- **Multnomah County SBHC Adolescent Health Assessments:** younger and older adolescent versions
- **Consultation Form**

Questions? Clarifications?

For questions please contact:

- Colleen Reuland (Director of OPIP)
- reulandc@ohsu.edu
- 503-494-0456



Option for CCO-Specific Follow-Up Calls

- Recognize that webinar series has a lot of information.
- OHA is supporting OPIP to do individual one-on-one follow-up calls with CCOs to provide consultation, assessment, and expert subject matter technical assistance to address the adolescent well visit within your specific Coordinated Care Organization (CCO).
- Interested CCOs can complete the “**Consultation Form**” to request TA and that will help OPIP determine which team members will be the best match for the CCO specific calls.
 - Phone: **503-494-0456**
 - Please complete by **July 29** and return it to Katie Unger (ungerk@ohsu.edu).

Next Webinar

**Wednesday,
July 27th
@ 1-2 PM**

**SBIRT for Adolescents: Implementation
Aligned with the CCO Incentive Metric**

Thank you!!

