

Depression HEDIS Metrics that Matter and How They Impact Practice

2:20 PM – 3:20 PM

*Steering Toward Success: Achieving Value in Whole Person Care
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The Healthier Washington Practice Transformation Support Hub



Steering Toward Success: Achieving Value in Whole Person Care

Depression HEDIS Metrics that Matter and How They Impact Practice

AIMS CENTER

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Psychiatry & Behavioral Sciences


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Learning Objectives

- Discuss measurement-based care and identify how the new HEDIS depression metrics are influencing current practice
- Define depression metrics that are part of the Medicaid Demonstration Project
- Discuss opportunities for integrating the measures into current practice



Principles for Evidence-Based Integration in Behavioral Health and Primary Care



Team-Based and Client-Centered

Primary care and behavioral health providers collaborate effectively, using shared care plans.



Measurement-Based Treatment to Target

Measurable treatment goals clearly defined and tracked for every patient. Treatments are actively changed until clinical goals are achieved.



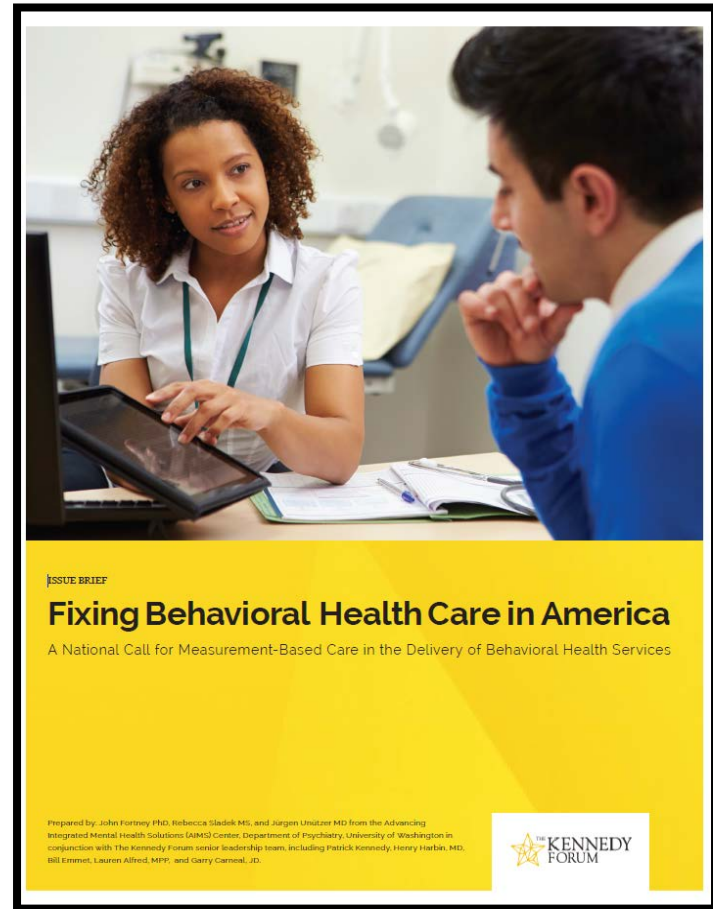
Population-Based

A defined group of clients is tracked in a registry so that no one “falls through the cracks.”

Used with permission from the University of Washington AIMS Center

Measurement-Based Care

“Involves the systematic use of symptom rating scales to drive clinical decision making.”



<https://www.thekennedyforum.org/news/measurement-based-care-issue-brief>



Most Frequently Used: Patient Health Questionnaire (PHQ-9)

- Nine items are based directly on the nine diagnostic criteria for major depressive disorder in the DSM-IV
- Most validated tool in mental health treatment
- Unique in that it functions as symptom severity tracking tool as well as a diagnostic tool
- In public domain, i.e., at no cost, with many validated translations available
- PHQ-9 and PHQ-Adolescent (PHQ-A)



PHQ-9: Flexible to Administer

- Self-administered
 - In clinic, at home, EHR portal, phone app
- In-person
 - Facilitates assessment and teaching about depression symptoms
 - Can be administered for low literacy patients
- By phone
 - Send a copy home for patient to follow along

Validated Screening and Measurement Tool

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: John Q. Sample DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Seldom	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	✓	3
2. Feeling down, depressed, or hopeless	0	✓	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	✓	3
4. Feeling tired or having little energy	0	1	2	✓
5. Poor appetite or overeating	0	✓	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	✓	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	✓	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	✓	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	✓	1	2	3
	add columns: 2 10 3			
	TOTAL: 15			

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).

10. If you checked off any problems, 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 _____

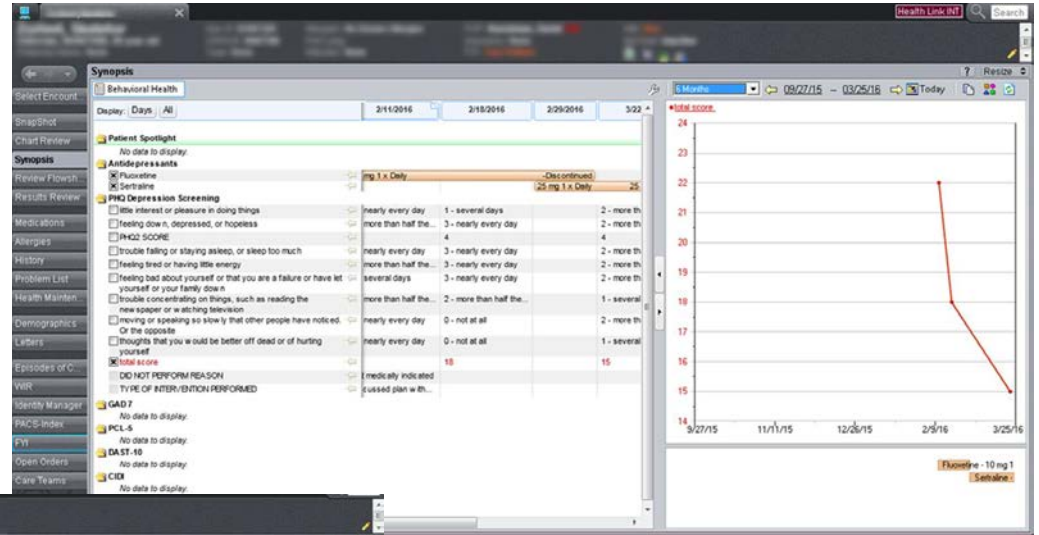
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PHQ-9 > 9

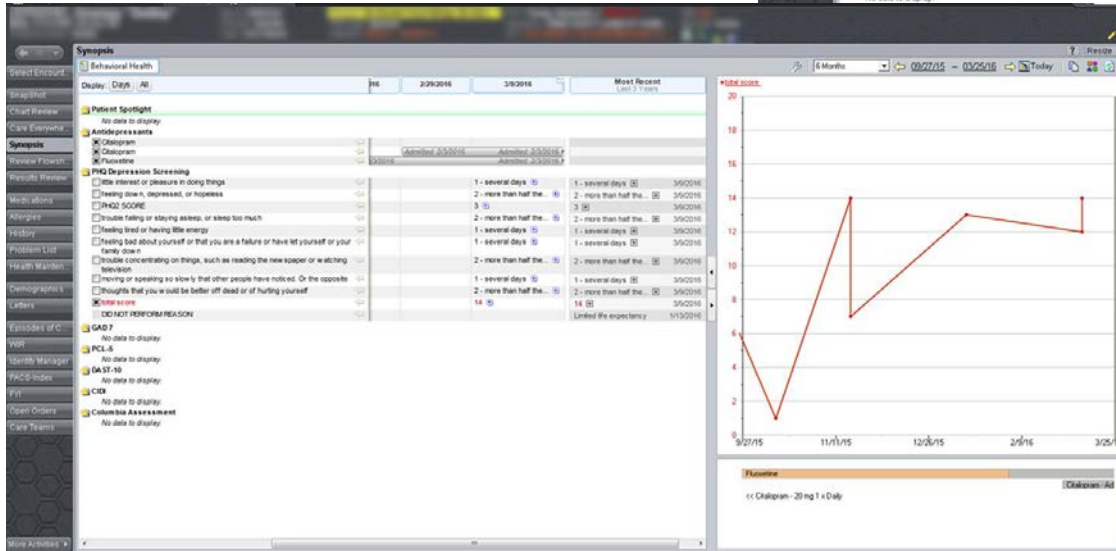
- < 5 - none/remission
- 5 - mild
- 10 - moderate
- **15 - moderate severe**
- 20 - severe

Run Chart of PHQ-9

↓ Not Improving



↑ Improving





PHQ-9 & Measurement-Based Care

- Measurable treatment goals (“targets”) are defined
- Patients monitored using clinical measures or validated clinical rating scales (PHQ-9, GAD-7)
 - Standardized monitoring schedules based on treatment guidelines
- Results of scales and other patient measures tracked in a registry
- Treatment results regularly evaluated and treatment is adjusted until target goals achieved



Checkpoint



- Do any of you have experience tracking or reporting using the PHQ-9 or other screeners?
- Reporting experience with depression outcomes?
- Challenges?
- Successes?



New Measure: PHQ to Monitor (HEDIS 2016)

- 1. Utilization of the PHQ-9 or PHQ-A to Monitor Patient Following Depression Diagnosis (DMS)**
 - At least one PHQ score recorded within four months of depression diagnosis
 - Technical specs refined slightly for 2017



New Measure: Remission and Response to Treatment (HEDIS 2017)

2. Depression Remission or Response (DRR)

- Measured by PHQ-9 or PHQ-A
 - Follow-Up PHQ9 done
 - Remission: PHQ-9 score of less than five
 - Response: 50% improvement over first elevated PHQ9
- DRR within **4 – 8 months** of first elevated PHQ9 (HEDIS 2018)



DRR is a Major Game Changer Among Behavioral Health Metrics

- First patient clinical outcome measure in behavioral health care
- Already showing up in many VBP arrangements
- First to establish expectations on time frames for remission and improvement
 - Time frames based on in recent large scale implementations



Active Treatment to Target Drives Early Improvement

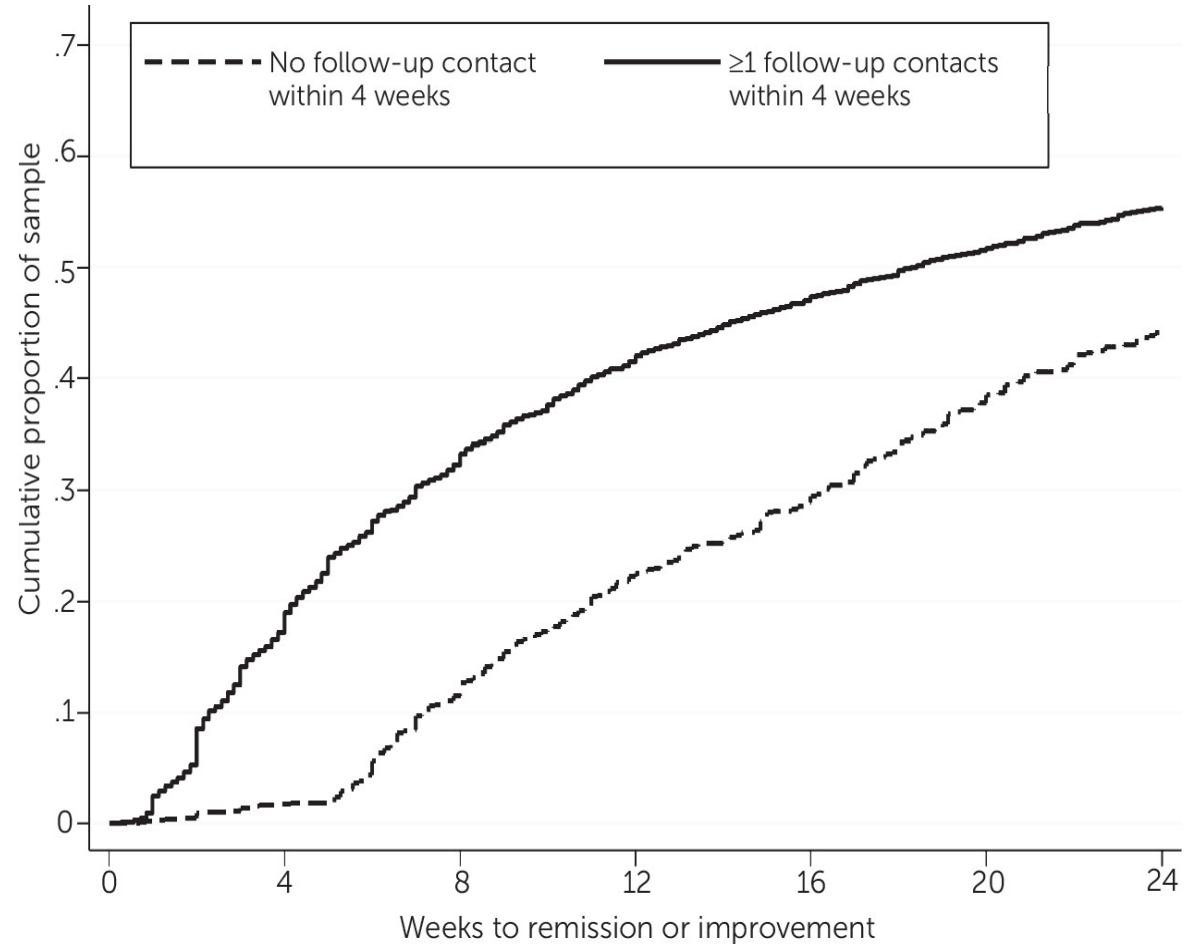
In 2008 – 2013 study of over 7,000 patients:

- Mean time to remission was **86 days** (about 3 months) for patients in Mayo Clinics collaborative care program
- Mean time to remission was **614 days** (almost 2 years) in usual care at Mayo Clinics

Time to Remission for Depression with Collaborative Care Management in Primary Care *J AM Board Fam Med* 2016 Jan-Feb <http://www.ncbi.nlm.nih.gov/pubmed/26769872>

Early Improvement in WA Safety Net

In an analysis of over 5,000 WA State MHIP patients, most achieved remission or improvement around 24 wks (around 5-6 months).



Bao, Y., Druss, B.G., Jung, H.Y., Chan, Y.F. & Unützer, J. "Unpacking Collaborative Care for Depression: Examining Two Essential Tasks for Implementation." *Psychiatric Services in Advance*, doi: (2015). [10.1176/appi.ps.201400577](https://doi.org/10.1176/appi.ps.201400577)

Measurement-Based Care: Depression Screening and Treatment

U.S. Preventive Services Task Force (2016)

Recommendation Summary		
Population	Recommendation	Grade (What's This?)
General adult population, including pregnant and postpartum women	The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	B
Adolescents aged 12 to 18 years	The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.	B

<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/depression-in-adults-screening1>;
<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/depression-in-children-and-adolescents-screening1?ds=1&s=depression>



New Measure: Depression Screening and Follow Up (HEDIS 2018)

3. Depression screening and follow up for adolescents and adults (DSF)

- Based on NQF #0418
- Age 12 years and up
- Screened using a standardized tool
- If screened positive, receive follow up care within 30 days



Quick Summary: New HEDIS Depression Measures

1. **DMS:** Utilization of the PHQ-9 to monitor depression symptoms for adolescents and adults
2. **DRR:** Depression remission or response for adolescents and adults
3. **DSF:** Depression screening and follow up for adolescents and adults



HEDIS Depression Metrics

- Already driving wider adoption of measurement-based care
- Already widely used in ACO and value-based purchasing
 - Boeing ACO
 - CHPW MHIP Quality Aims
 - Kaiser Depression Care Management Institute (all Kaiser regions)
 - New York State Medicaid Depression Care Program



New HEDIS Measures Likely to Drive Reconsideration of Other Depression Measures

- CMS Medicare ACO and PCMH measures
 - Depression remission
 - PHQ-9 less than five @ 12 months
 - Depression response
 - PH-Q9 decrease by greater than 50% @ 12 months



Medicaid Demonstration Project 2A – Whole Person Care


- Includes screening (DSF) measure
- Early draft included remission/response (DRR) but not in final 2017 toolkit
 - Back in 2019 or 2020?
 - Managed care contracts?
- Elements common to Project 2A Bree Standards & collaborative care model align with HEDIS depression measures



Crosswalk Project 2A - Integration

Same Elements in Bree Specs & CoCM

- BH professional as part of primary care team (practice-based or virtual)
- Systematic BH screening
- Measurement-based BH services
- Population-based care
- Treatment to target
- Tracking patients and follow up
- Evidence-based treatments
- Psychiatry access: Access to direct services (Bree) vs. psych case review (CoCM)



Checkpoint: Tracking patients and following treatment to target



- What's your experience with registry functions?
 - EHR?
 - Experience with Epic, NextGen, others?
 - Web-based population management software?
 - Excel?
 - Box of index cards?



Tracking Patients: Registry Options

- **Spreadsheet + EHR**
 - AIMS Patient Tracking Spreadsheet Template
- **Build functions into EHR**
 - Experience with Epic Healthy Planet & Workbench
- **Care management tracking systems**
 - AIMS Care Management Tracking System (CHPW/King Co. MHITS, New York State CMTS)
- *New* **AIMS depression tracker**



For Small Scale Pilots, PDSA cycles or other QI Projects

AIMS patient tracking spreadsheet:

- Quick Start User Guide
- Detailed Instructions for care managers
- Spreadsheet with example data
- Test patient scenario activity

All training resources can be found at:

<https://aims.uw.edu/resource-library/patient-tracking-spreadsheet>



New AIMS Depression Tracker

- Very affordable pricing for WA state providers
- Streamlined app for depression caseload management
- Cloud-based, HIPAA-compliant
- Minimal data entry, use alongside EHR
 - Track PHQ-9 baseline and most recent scores, displays progress over time
 - Prioritize patients for follow-up, case review
 - Facilitate reporting on HEDIS depression remission/improvement
 - Track minutes for BHI/CoCM G code billing



WA State AIMS Depression Tracker

- More information on pricing and online demo <https://aims.uw.edu/washington-state-aims-depression-tracker>
- Licensing directly to providers on AIMS website
- Questions? Contact AIMStech@uw.edu



Get Tracking to Target!

“We believe that enlightened trial and error beats the planning of flawless intellects.”

– *David Kelley, IDEO*

Q & A



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