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
September 25 and October 27, 2017

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

Anne Shields RN, MHA
Associate Director, AIMS Center
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.”

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

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
• 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

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

# Measurement-Based Care: Depression Screening and Treatment

U.S. Preventive Services Task Force (2016)

<table>
<thead>
<tr>
<th>Population</th>
<th>Recommendation</th>
<th>Grade (What’s This?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General adult population, including pregnant and postpartum women</td>
<td>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.</td>
<td>B</td>
</tr>
<tr>
<td>Adolescents aged 12 to 18 years</td>
<td>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.</td>
<td>B</td>
</tr>
</tbody>
</table>

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](https://aims.uw.edu/washington-state-aims-depression-tracker)

• Licensing directly to providers on AIMS website

• Questions? Contact AIMStech@uw.edu
“We believe that enlightened trial and error beats the planning of flawless intellects.”

– David Kelley, IDEO
Q & A

The project described was supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.