

A misty forest at sunrise with tall trees and sunlight filtering through the canopy. The scene is bathed in a warm, golden light, with rays of sun visible through the mist. The trees are tall and thin, with some evergreens in the foreground and deciduous trees in the background. The ground is covered in fallen leaves and moss.

Where is your favorite place to experience fall?



Tuesday, October 10, 2023; 11:00-12:00 PT

PHQ-9 Workflows

CalHIVE BHI Commons



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Tech Tips



Welcome!

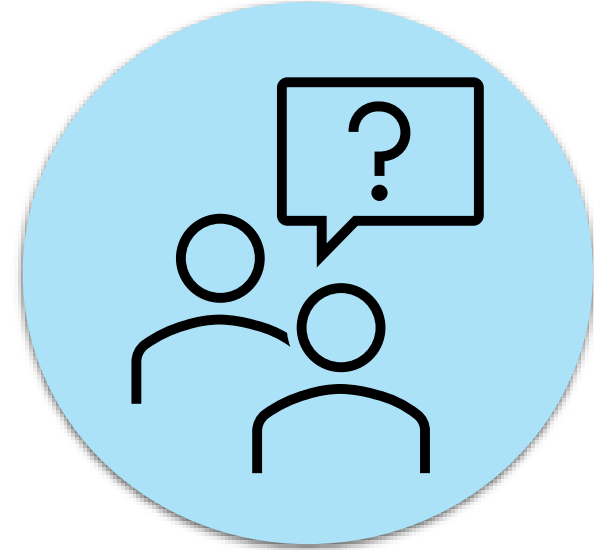
Add your organization
to your name

Turn on video if
possible



Join in

Chat in or feel free to
come off mute to
contribute



Need help?

Direct message
Anna Baer
if you have any
technical issues

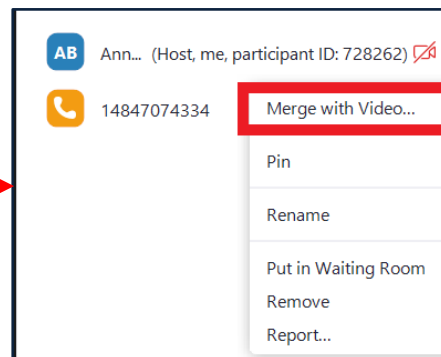
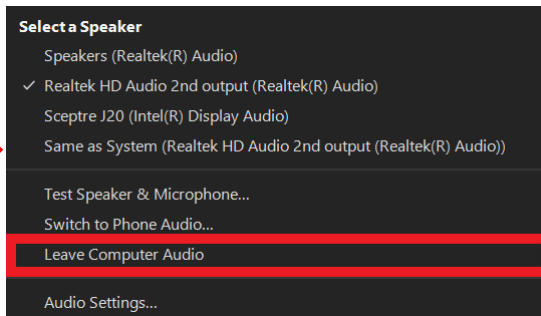
Zoom Tips

- Use the **chat box** for questions



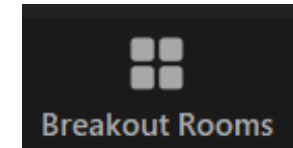
- Request closed captioning with 'Live Transcript' button

If you've dialed in, please link your phone to your video/computer

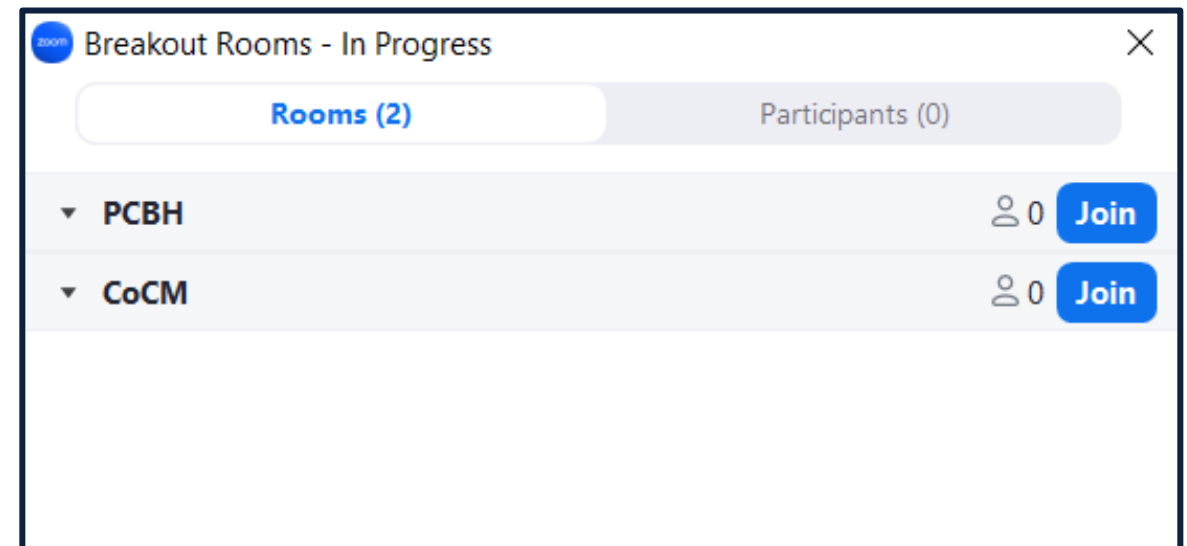


Breakout Rooms:

- Click on breakout room icon at the bottom right of your toolbar



- Select your breakout room and click **Join**

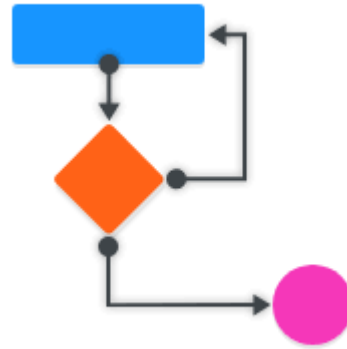


Our Agenda

Today, we'll:



Review PHQ-9 workflow successful practices based on BHI model selected (CoCM or PCBH)



Analyze scenarios to understand local considerations for making screening workflow improvements



Begin mapping workflow changes needed at your own organization via the Implementation Plan

WELCOME



- Join breakout rooms
- Turn your camera on if comfortable and able
- Participate in Zoom Polls
- Share responses and questions through chat (Q&A)

Warming up

How does proactive patient screening for depression improve patient care?



Helps us identify a patient population

Patients feel heard and often take a step for mental health care.

can identify patients who may not directly present concerns for depression to their physicians

Create tools and provide resources to patients

help normalize and prioritize mental health concerns

Help address stigma for those not comfortable discuss mental health concerns

Able to identify population that needs additional support

Prevent advanced symptoms of depression

We're able to provide whole patient care instead of treating the specific problem a patient may have scheduled a visit for.

early identification



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PHQ-9 Workflows

Planning the Journey

Behavioral Health Integration Model Implementation Plan is crucial for several reasons:



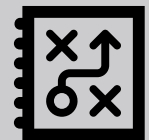
One place to plan next steps



Track lessons learned



Document strengths & successes



Implementation Plan becomes **playbook** for future spread



Implementation Plan

Section 4: PHQ-9 Screening

- Today's webinar offers
 - Suggestions
 - Successful practices
 - Lessons learned
- Today's webinar does not offer
 - A “one-size-fits-all” plan for all organizations

Reminders on your Implementation Plan

- Section 4 – Due Thurs. 11/30
- Identify the current state and opportunities to improve
- Be flexible & willing to make changes to figure out the best way
- Measure how it goes & capture in Lessons Learned



What is the PHQ-9?

- Patient screening tool to capture and monitor symptoms of depression
 - Not a diagnostic tool
 - First two questions make up PHQ-2
 - PHQ-2 often triggers PHQ-9
- Can be administered by provider, care team members, self-administered by patients
- Link: [PHQ-9 Questionnaire](#) on CalHIVE BHI website

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ID #: _____ 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	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	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	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, 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	_____

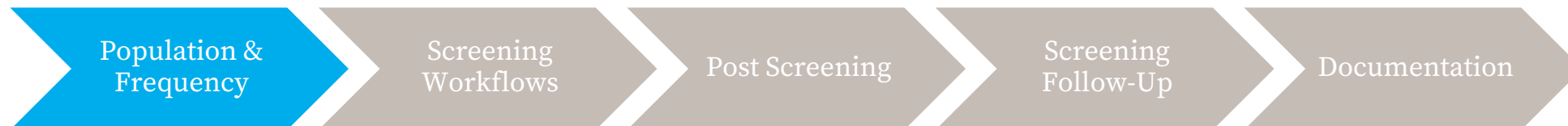
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PHQ-9: Why complete it?

- Purpose: Clinical, Quality or Payment
 - Each have different goals
 - Today, focusing on clinical purpose
- Aligns with CalHIVE BHI Measure Set
 - Link: [Depression Measure Logic](#)
- Measure use may have different pathways depending on Integration Model selected
 - How screening is initiated and how follow-up is monitored

Population & Frequency

Area	Current State	Changes Needed?
Which patients are routinely being screened for depression? (Implementation Plan Q1)	All patients regardless of payer? Certain patient populations? Patients with expressed concerns?	<i>Answer in Implementation Plan</i>
What frequency does screening occur? (Q2)	Annually? Follow-up visits after internally decided-on score? Medication checks?	
When is the PHQ-9 used (e.g., after a PHQ-2 screening)? Who or what triggers the PHQ-9 screening? (Q3)	Daily reports, scrubbing schedules or morning huddle? Chart review? Best practice alert? Positive PHQ-2?	



Population & Frequency Case Study

Coastal Medical Group currently screens all their Medicare patients (via a PHQ-2) annually and their remaining patients (via a PHQ-2) if a patient mentions needing support or depression during a primary care visit.

Why might Coastal Medical Group want to change how they screen patients?

They need to standardize the way they screen all patients and they also need to have a follow-up plan in place if there is any positive response

PHQ-2 does not assess for suicidal ideation

questions 3-9 elicit different information and assess for safety factors

All patients should be screened equally, regardless of insurance source.

All patients should be screened and have a follow-up plan. The PHQ2 is considered another vital sign.



Population & Frequency

Screening Workflows

Post Screening

Screening Follow-Up

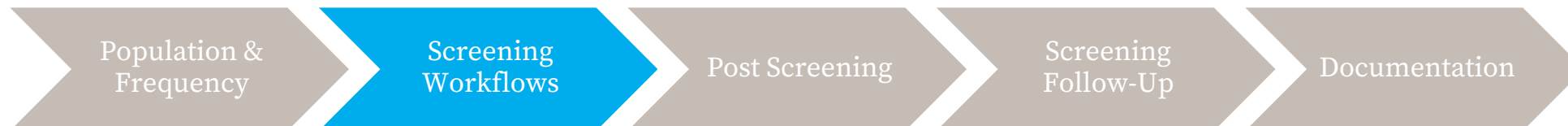
Documentation

Screening Workflows

How do you develop a consistent and sustainable workflow for screening?

Review current state of screening processes

- Who administers the PHQ-2/PHQ-9 Screening? (Q5)
 - What staff are currently involved in screening?
 - How are staff getting trained to do so?
- Is there an opportunity for patients to self-administer the screening (via tablet, kiosk, EHR, printed survey)? (Q6)
- How will the rendering medical provider be notified of score results? (Q7)
- Where is the data documented in the medical record? (Q20)



Poll Time



Where are your organizations currently screening for depression (PHQ-2 or PHQ-9)?

- Via EHR before visit
- In waiting room before visit
- While rooming (MA)
- While waiting in exam room (patient)
- Provider during visit

Screening Workflows

Check-in

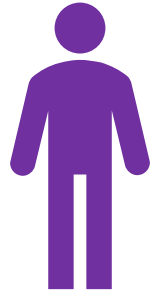
Rooming

Exam



Patient

Pushed out
via EHR
before visit



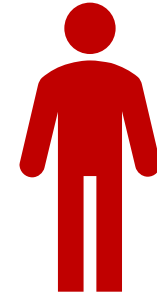
**PSR/Front
Desk**

Front Desk-
while
waiting in
lobby



MA

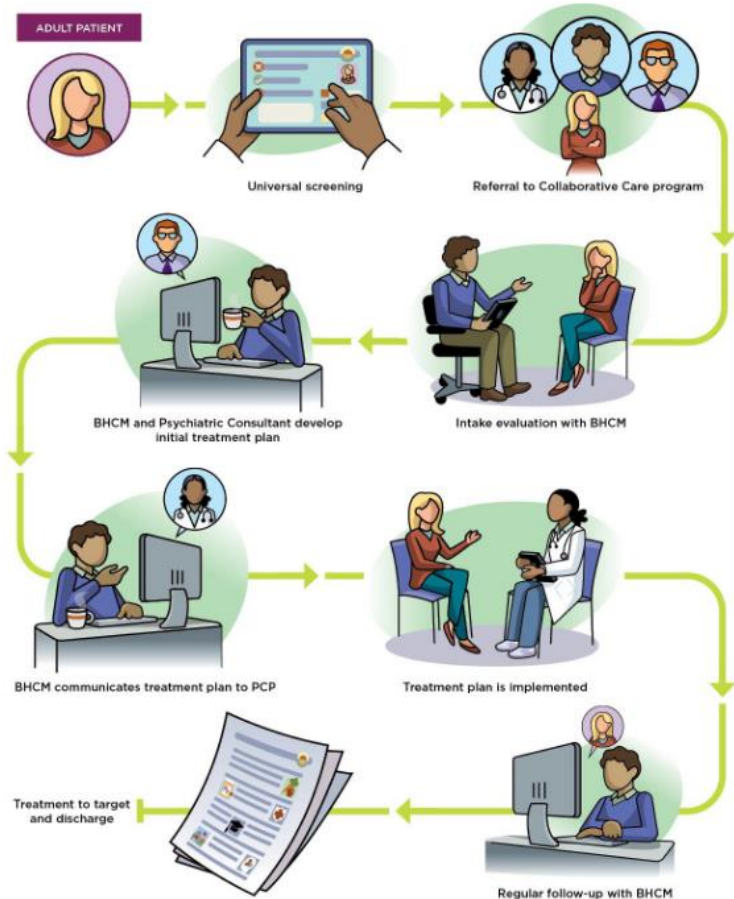
- MA while rooming
- Pt while waiting in exam room



MD

Provider
during exam

Post Screening



What happens after the PHQ-2/PHQ-9 screening? How does it depend on the patient score? (Q9)

What patient resources are available for a positive PHQ-9 screen? (Q10)

- Who discusses PHQ scores with patients and provides education?
- For elevated scores, does the provider have the resources to discuss depression and treatment options?

What happens if a patient scores positive on Question 9 of the PHQ-9 (scores 1, 2 or 3)? Is there a different process if patients self-administer the PHQ-9? (Q11)

- What processes do you have in place for high-risk patients and those endorsing suicidal ideation?

How do you send external referrals? (Q12)

- How are patient referrals and follow-ups scheduled?
- How is patient consent documented?

Resource: [Meadows Mental Health Policy Institute](#)

Population & Frequency

Screening Workflows

Post Screening

Screening Follow-Up

Documentation

Post Screening Case Study

Coastal Medical Group currently refers to one community-based organization for patients needing additional behavioral health support outside of their BHI program.

For patients who need outside referrals, what other resources could Coastal Medical Group develop to support their patients? What does your organization do?

referral lists for BH providers by insurance type

education on levels of BH care (inpatient, residential, PHP, IOP) and community BH resources

our local Community Access Line, contracted providers

online and local support groups



Population & Frequency

Screening Workflows

Post Screening

Screening Follow-Up

Documentation

Screening Follow Up



What is your follow-up process to monitor patient using PHQ-9 scores for...

- Patients start a new medication? (Q13)
- Patients with a change in medication dose? (Q14)
- Patients who refuse medications? (Q15)
- Patients missing an appointment? (Q16)
- When patients are referred externally to the community? (Q18)

Population &
Frequency

Screening
Workflows

Post Screening

Screening
Follow-Up

Documentation

Documentation

How are the PHQ scores documented to best assist clinical care and follow up?

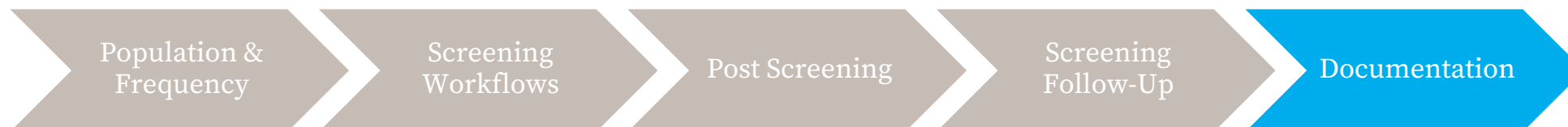
What triggers re-screening?

How will the rendering provider be notified of score results? (Q7)

Where is the data documented in the medical record? (Q20)

Who enters the score? (Q21)

Is electronic submission an option (if in office or remote)? (Q22)



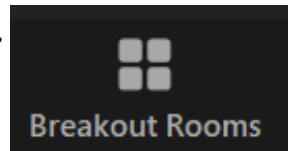
Q&A / Stretch Break

- Q&A
- Stretch break

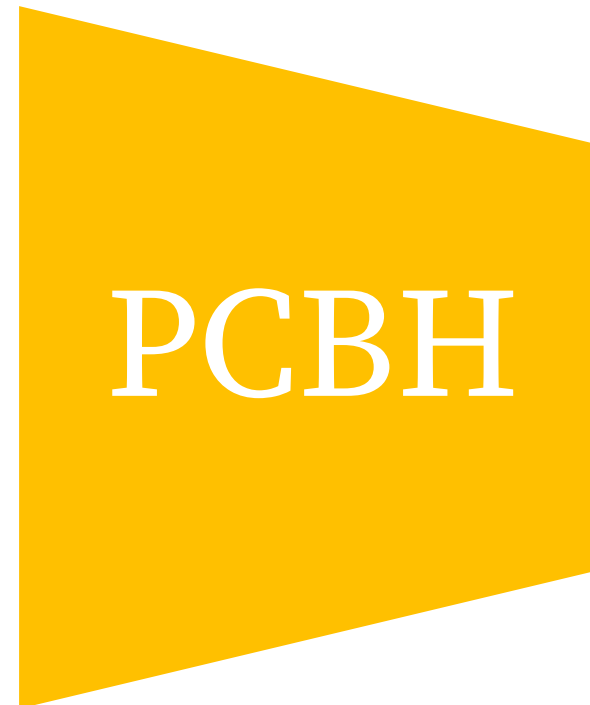
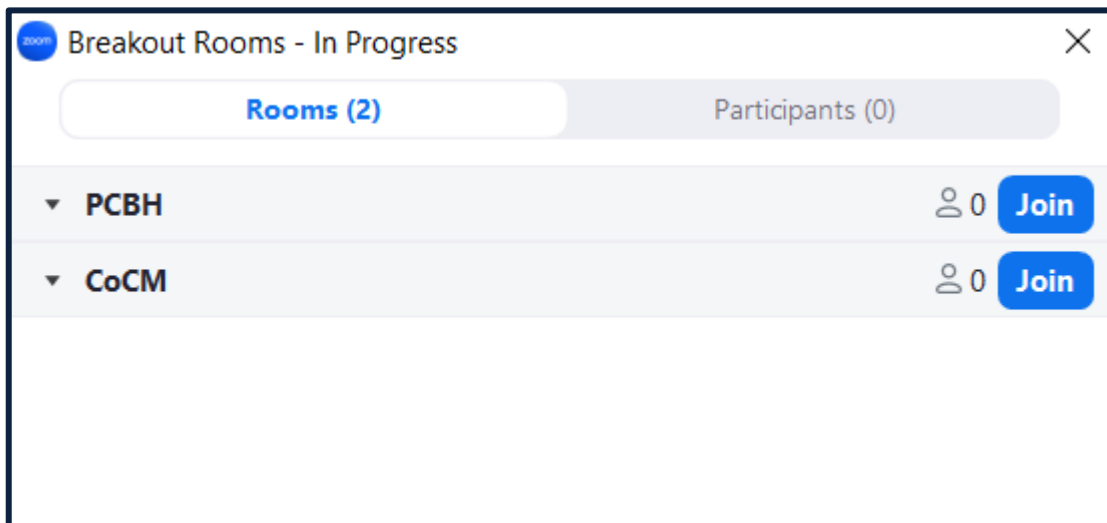


Break-out Room

- Self-selecting breakout rooms based on your integration model
- Breakout rooms will be open for 20 minutes
- Click on breakout room icon at the bottom right of your toolbar



- Select your corresponding model and click **Join**





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Breakout Session – PCBH

PHQ-9 and PCBH

- How will referrals to PCBH be handled? (Q28)
 - Scheduling to allow for warm handoffs
- What will be the process for the Behavioral Health Consultant for the PHQ-9? (Q29)
- How are we currently billing/coding for billing/coding for PHQ-9? (Q30)
- What will be the process for patient consent? (Q31)

- Any other questions?

Breakout Session – CoCM

CoCM Breakout

23. How will referrals to CoCM be handled?

24. How will we ensure creation of a registry, and using it to achieve measurement-based care?

25. How will we train the Behavioral Health Manager on the PHQ-9 process?

26. How are we currently billing/coding for PHQ-9?

27. What will be the process for patient content?

Any other questions?

Reflection Time



What did you learn about a possible improvement to your PHQ-9 workflow?

we can narrow we are screening to those with chronic conditions before rolling it out to everyone

I want to think about giving resources for those who don't want to meet for a warm handoff with our mental health staff.

Additional Resources

CalHIVE BHI www.pbgh.org/calhive-bhi#learn




Learn

Access a rich library of content supporting CalHIVE BHI's focus areas.

[Implementation Plan](#)

As part of CalHIVE BHI, each team will complete a Behavioral Health Integration Implementation Plan, which will guide teams to strategic decisions and capture next steps to advance the integration project. The final Implementation Plan (all sections) will be due June 2024

- [Section 1](#) – Integration Model – Due to your Improvement Advisor Fri. September 29
- [Section 2](#) – Pilot Site – Due to your Improvement Advisor Fri. September 29
- [Section 3](#) – Staffing- Due to your Improvement Advisor Tues. October 31
 - Template: [Org Chart & Staffing Models](#)
- [Section 4](#) – PHQ-9 Screening- Due to your Improvement Advisor Thurs. November 30

Integration Models (Section 1)	
Staffing (Section 3)	
PHQ-9 Screening (Section 4)	

Q4 2023 Sprint: PHQ-9, Billing & Coding

OCTOBER

Improvement Advising

- Complete Implementation Plan Section 3: Staffing
- Review screening workflows and determine needed improvements
- Begin pilot site engagement

Thurs. 10/5 – Test 2 Data Reporting Office Hours

Tues. 10/10 (11-12)

CalHIVE BHI Commons – PHQ9 Workflows

- Review workflow best practices based on selected BHI model

Friday, Oct 13 – Measurement File Submission Deadline

Thurs. 10/26 (11-12)

[OPT] BeeHIVE Webinar – Depression Screening

- Share current practices and challenges around depression screening

By. Fri. 10/31

BHI Implementation Plan Section 3 - Staffing

- Due to IA

NOVEMBER

Improvement Advising

- Complete Implementation Plan Section 4: PHQ-9 Screening
- Evaluate screening documentation and coding practices

Tues. 11/14 (11-12)

CalHIVE BHI Commons – BHI Billing and Coding

- Review billing, coding and credentialing requirements specific to BHI model
- Identify changes needed at your org

Tues. 11/28 (11-12)

[OPT] Beekeeper's Corner Webinar – BHI Billing and Coding

- Share questions around billing and coding for CalHIVE BHI team and peer cohort

By. Thurs. 11/30

BHI Implementation Plan Section 4 – PHQ-9 Screening

- Due to IA

DECEMBER

Improvement Advising

- Complete Implementation Plan Section 5: BHI Billing & Coding
- Confirm fulfillment of program deliverables for Payment 1: Program Year 1

Tues. 12/12 (11-12)

CalHIVE BHI Commons – Hello 2024, Goodbye 2023

- Celebrate wins and accomplishments of 2023
- Preview 2024 program milestones and events

By. Fri. 12/29

BHI Implementation Plan Section 5 – BHI Billing & Coding

- Due to IA

Improvement Advising

Webinars

In Person Events

Data / Reporting

Assignments

Feedback please!

1. Today's webinar was useful for me and my work *[select one]*

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree



2. Of the topics we covered today, what was especially helpful?

[select multiple]

- Review PHQ-9 workflow successful practices based on BHI model selected (CoCM or PCBH)
- Analyze scenarios to understand local considerations for making screening workflow improvements
- Begin mapping workflow changes needed at your own organization via the Implementation Plan

Thank you!

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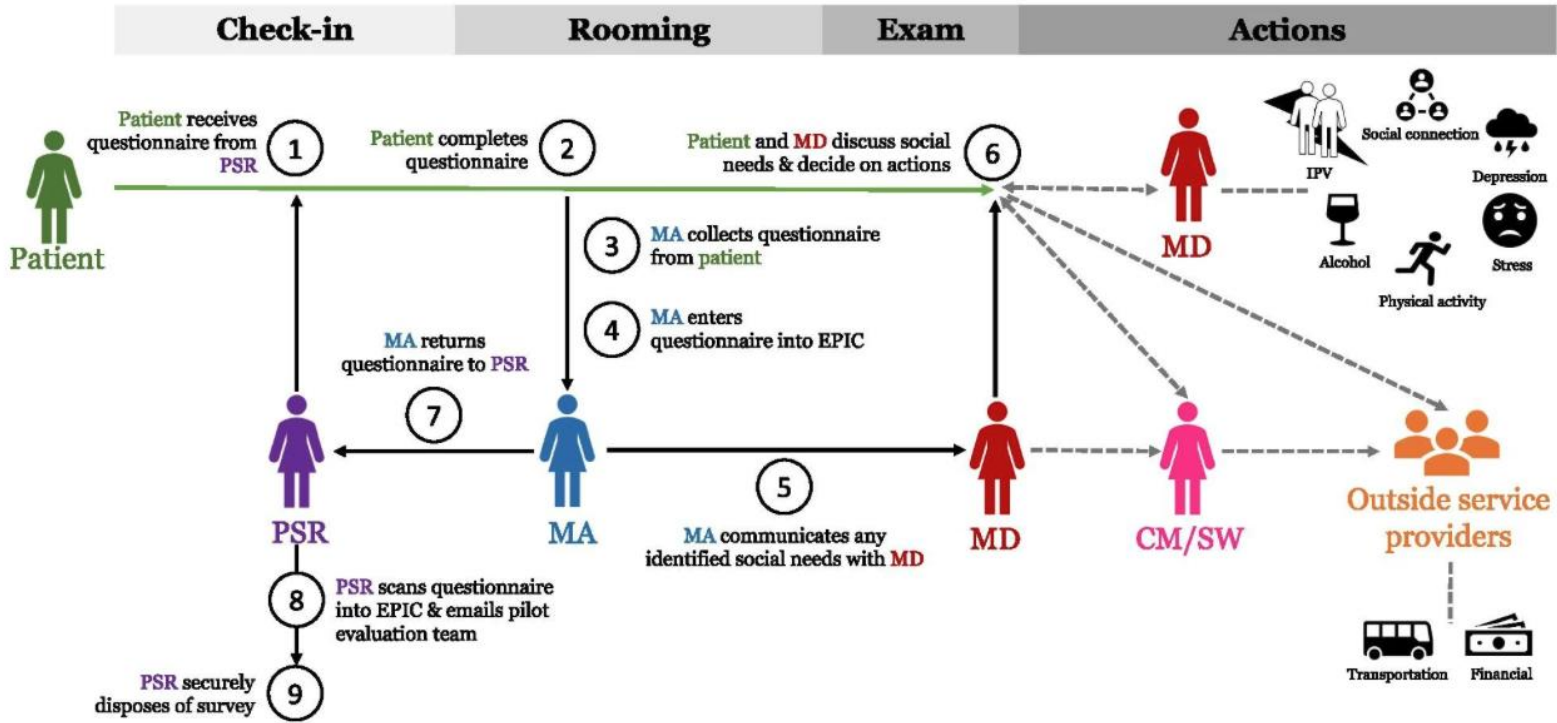


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Fig. 1

From: [Evaluation of a social determinants of health screening questionnaire and workflow pilot within an adult ambulatory clinic](#)



Key

Abbreviations: Patient Services Representative (PSR), Medical Assistant (MA), Physician (MD), Case Manager/Social Worker (CM/SW), Intimate partner violence (IPV)
Workflows: — Primary workflow (all patients) - - - - Secondary workflow (possible pathways for patients with identified social needs)

Workflow for Sutter Health SDOH Pilot. (1) Upon checking in, the patient receives the paper questionnaire from the PSR. (2) The patient completes the questionnaire in between checking in and being roomed by the MA. (3) The MA collects the questionnaire from the patient prior to the beginning of the MD visit. (4) The MA enters the paper questionnaire results into Epic. (5) The MA reviews which social needs have been identified based on the patient’s responses and discusses the identified social needs with the MD, which guides the MD in determining which potential actions to discuss with the patient during the exam. (6) The patient and the MD discuss social needs and actions and agree upon the next steps that will take place with the MD and/or a case manager/social worker. Beyond step 6, the secondary pilot workflow includes describes these next steps which would only occur for pilot patient participants with identified social needs who desire the actions. For six domains, the MD would work directly with the patient to support their ongoing needs. For two domains, the MD would refer the patient to a Sutter Health CM/SW. The CM/SW would in turn connect with the patient and identify relevant outside service providers to support the patient’s needs. (7) Once the paper questionnaire results have been entered and used, the MA returns the completed questionnaire to the PSR. (8) The PSR scans a copy of the paper questionnaire to Epic for data quality checks (and during the pilot specifically, emails that copy to the pilot evaluators). (9) The PSR securely disposes of the paper questionnaire

Source: [Evaluation of a social determinants of health screening questionnaire and workflow pilot within an adult ambulatory clinic](#)