PHQ-9 Clinical and Data Checklist

BluePath HEALTH | **PBGH California Quality Collaborative**

The following checklist has been prepared by BluePath Health in collaboration with PBGH to support CalHIVE BHI sites in the development of integrated clinical and EHR data workflows. Each step should be considered to ensure comprehensive care and data capture for each measure.

Key Definitions/Acronyms

Data Fields — specific, structured data elements or names within an EHR

Structured Data — information that adheres to a predefined format or variable (e.g. a U/N field) and can be readily stored, accessed, and analyzed using traditional database systems

BPA — best practice alert in the EHR, a clinical decision support for the care team. Alerts can be presented in different formats, as pop-up windows or included with a list that can be reviewed by the EHR user

Product — the discrete package of health insurance coverage benefits that are offered using a particular named network type (e.g. PPO)

Patient Intake | *Identify and Engage Patients*

#	Clinical Best Practice	Data Elements	Data Fields	Notes: Next Steps & Additional Context
1	Patient is checked-in/registered Staff Role(s): front desk admin, could be automated/electronic	• Collect specific demographic data fields (race/ethnicity, sex/sexual orientation (SOGI), etc.) • Ensure age capture • Confirm patient provider organization (PO) "enrollment" and attribution • Confirm and document payer/plan/product coverage • Additional organizational steps	Age or DOB Payer/health plan/product PCP/provider attribution	Who is involved: Opportunities for efficiency:

Initial Patient Assessment | *Identify and Engage Patients*

#	Clinical Best Practice	Data Elements	Data Fields	Notes: Next Steps & Additional Context
2	Consider use of age and language appropriate depression screening tool [administered electronically or by a member of the care team] Consider BPA to care team for screening, annual or with associated signs/symptoms Staff Role(s): MA, could be automated/electronic	• If appropriate, include structured data field for initial screening assessment value • Include associated administration date • Additional organizational steps	Screening measure value Screening date	Who is involved: Opportunities for efficiency:

Provider-Patient Encounter | *Identify and Engage Patients & Identify and Initiate Treatment*

#	Clinical Best Practice	Data Elements	Data Fields	Notes: Next Steps & Additional Context
3	Age and language appropriate depression standard assessment tool is administered to patient [administered by the provider or a member of the care team] Consider BPA to care team for screening, annual or with associated signs/symptoms Staff Role(s): MA, provider/clinician, could be automated/electronic	• Include structured data field overall standard assessment value/score • Include associated administration date • Include appropriate depression screening and/or standard assessment CPT code(s) • Additional Organizational Steps	Screening measure value Assessment Date CPT code(s)	Who is involved: Opportunities for efficiency:
4	If positive, follow-up care is discussed with the patient and a plan made for next steps Consider BPA to provider/clinician to discuss F/U plan, closed when completed/documented Staff Role(s): provider/clinician	• Include structured data field for documentation of a completed follow-up plan (this could be a binary Y/N or checkmark field or a more nuanced 'drop down' menu field with F/U plans) • Include appropriate depression and/or behavioral health diagnosis ICD code(s) • Include appropriate depression and/or behavioral health CPT code(s) • Additional Organizational Steps	F/U completion/plan (consider Y/N or dropdown menu) ICD code(s) CPT code(s)	Who is involved: Opportunities for efficiency:

Follow-up Care | Manage Treatment Plan & Track and Proactively Adjust Treatment Plan

#	Clinical Best Practice	Data Elements	Data Fields	Notes: Next Steps & Additional Context
5	Depression follow-up care is completed within 31 days, and may include any of the following: 1. F/U visit with an associated behavioral health diagnosis 2. Depression case management visit with associated services 3. Behavioral health encounter 4. Dispensed antidepressant medication Consider BPA to provider/clinician for F/U care completion, closed when completed/documented Staff Role(s): MA, provider/clinician	• Include appropriate depression and/or behavioral health diagnosis ICD code(s) • Include appropriate depression and/or behavioral health CPT code(s) • Include associated date of service • Define/classify antidepressant medications (and others as clinically defined by organization/practice) • Additional Organizational Steps	F/U completion/plan ICD code(s) CPT code(s) Follow-Up Date Medications	Who is involved: Opportunities for efficiency:

Reach out to Jose Ordonez at JOrdonez@pbgh.org to obtain value set.

Appendix 2: *Value set of relevant ICD codes*

Depressive Disorders

Major depressive disorder, recurrent, mild (F33.0)
Major depressive disorder, recurrent, moderate (F33.1)
Major depressive disorder, recurrent, severe without psychotic features (F33.2)
Major depressive disorder, recurrent, severe with psychotic symptoms (F33.3)
Major depressive disorder, recurrent, in remission, unspecified (F33.40)
Major depressive disorder, recurrent, in partial remission (F33.41)
Major depressive disorder, recurrent, in full remission (F33.42)
Major depressive disorder, recurrent, unspecified (F33.9)
Major depressive disorder, single episode, mild (F32.0)
Major depressive disorder, single episode, moderate (F32.1)
Major depressive disorder, single episode, severe without psychotic features (F32.2)
Major depressive disorder, single episode, severe with psychotic features (F32.3)
Major depressive disorder, single episode, unspecified (F32.9)
Major depressive disorder, single episode, in partial remission (F32.4)
Major depressive disorder, single episode, in full remission (F32.5)
Major depressive disorder, single episode, unspecified (F33.9)
Persistent depressive disorder (dysthymia) (F34.1)
Depressive disorder due to another medical condition with depressive features (F06.31)
Depressive disorder due to another medical condition with major depressive-like episode (F06.32)
Depressive disorder due to another medical condition with mixed features (F06.34)
Other specified depressive disorder (F32.8)
Unspecified depressive disorder (F32.9)
Bipolar II disorder (F31.81)
Premenstrual dysphoric disorder (F32.81)

Appendix 3: *Value set of relevant antidepressant medications or other local clinical guidelines*

Table 1: List of antidepressants and their categorizations

Category	Drug Class	Generic Names
Second-Generation	Selective Serotonin Reuptake inhibitors(SSRIs)	Fluoxetine, Fluvoxamine, Paroxetine, Sertraline, Citalopram, Escitalopram
Second-Generation	Selective Norepinephrine Reuptake inhibitors	Venlafaxine, Mirtazapine, Duloxetine
Second-Generation	5-HT2 receptor antagonists	Nefazodone
Second-Generation	Dopamine reuptake inhibitors	Bupropion
First-Generation	Tricyclic antidepressants (TCAs)	Amitriptyline, Clomipramine, Desipramine, Doxepin, Imipramine, Nortriptyline, Amoxapine, Protriptyline, Trimipramine
First-Generation	Monoamine oxidase inhibitors (MAOIs)	Tranylcypromine, Phenelzine, Selegiline, Isocarboxazid

Source: O'Connor EA, Whitlock EP, Gaynes B, et al. Screening for Depression in Adults and Older Adults in Primary Care: An Updated Systematic Review [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2009 Dec. (Evidence Syntheses, No. 75.) Table 2, List of antidepressants and their categorizations. Available from: https://www.ncbi.nlm.nih.gov/books/NBK36406/table/ch1.t2/