Understanding and Implementing UDS Measures for Depression Screening, Documentation, and Practice

http://www.integration.samhsa.gov/integrated-care-models/hrsa-supported-safety-net-providers

Q: Can the PHQ9 be used to screen pts aged 12-17 as opposed to the PHQ-A?
A: Yes. As with all patients, we take into account the individual we are working with and tailor our language to best match the language of the patient

Q: What do you recommend as an ICD code for alcohol screening?
A: ICD 9: v79.1 ICD 10: Z13.89

Q: Did the speaker say PHQ-2 and PHQ-9 was acceptable for the 12 and older population as a standardized tool? What is Teo's definition of screening? Just the PHQ2 or the PHQ9 and documented follow-up?
A: Yes, the PHQ2 is an acceptable screening.

Q: We use PHQ2 to screen and follow up with PHQ 9 if positive. Can PHQ9 counted as a screening? I meant can PHQ2 count as screening?
A: Yes, the PHQ2 counts as a screening.

Q: Patients who get screened and then dx with depression are they included or excluded in the numbers
A: These are exactly the patients who we are looking to count.

Q: Will a patient seen in the health center only for dental be included in the denominator for this measure?
A: They would not be included. The patient must be seen for medical.

Q: Are you saying that PCPs should give depression diagnosis on basis of PHQ-9 alone so we can accurately count positive screening?
A: No. The PHQ9 is a screening tool only that may indicate depression.

Q: Question if appropriate: The PHQ-9 can (and should) be used for ongoing monitoring, so shouldn't a patient with an existing diagnosis be included and eligible for screening?
A: Yes. UDS measures are not meant to impact clinical workflows.

Q: We recently implemented Universal BH screening at initial medical appointment and then annually or as needed subsequently. However, we felt we wanted to screen for other common BH issues in addition to depression. So, in addition to the PHQ-2, we added the GAD-2 for anxiety, and also 3 questions from the DSM 5 Tier 1 screening tool on SUD, Self-harm, and Bi-polar all on one screening. Can you speak to that sort of approach we have taken and how others are managing this?
A: This is a great approach. Many health centers have followed this course to improve screening to better identify and treat behavioral health issues in primary care. Other health centers using a multi screening approach manage it by utilizing similar workflows and data reporting to the UDS measure for depression.

Q: We have all our patients screened by the MA with the phq2 and positives are screened with the phq9. If the pcp prescribes as a consequence of the positive phq9, is the patient included in the numerator? If so, isn't that patient excluded because they are effectively diagnosed with depression?
A: The patient is counted in the numerator *because* they were screened. And if the screening was positive, we are also measuring if that patient received a brief intervention. Numerator: Number of patients aged 12 and older who were 1) **screened** for depression with a standardized tool and, if screened positive for depression, 2) had a **follow-up plan documented** The UDS report is actually not measuring if a patient is depressed or is diagnosed as depressed, only that we screened the pateint and took action if that screening was positive.

Q: Do you foresee trauma screening measures and/or anxiety screening being included in the future?
A: Screening, measurable interventions and outcomes are going to be a strong part of our future.

Q: if the PHQ2 is used and is negative, is the PHQ9 still required to qualify as a screening?
A: It is not, the PHQ2 would meet the standard.