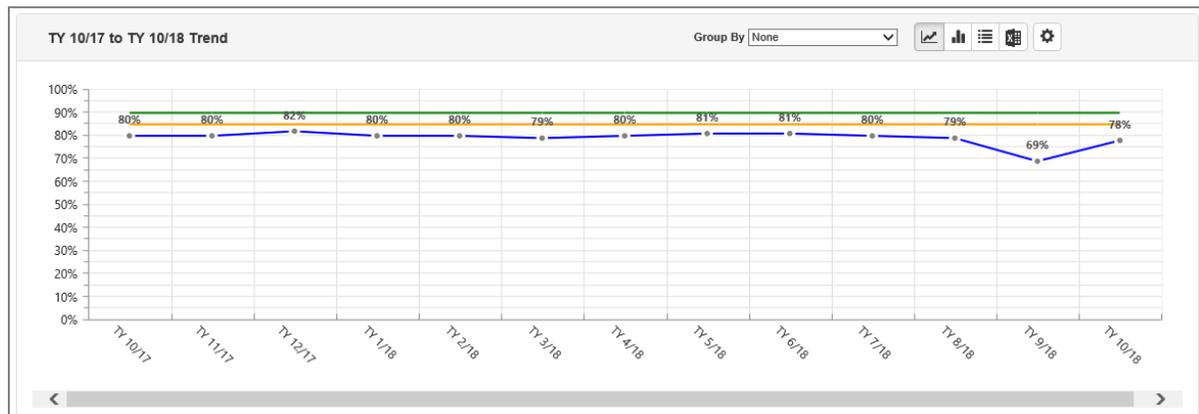


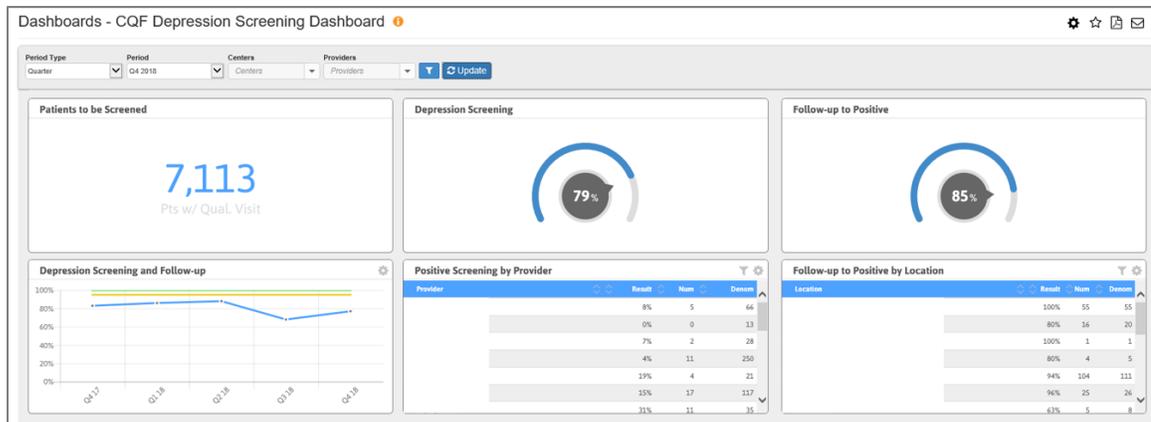
Depression Screening PDSA Review

- The trend line from DRVS shows little change over the past year. The exception is the dip in September, which is from a new health center moving to production in DRVS. September data for that health center is incomplete.



- Mona Broomfield submitted a Depression Screening PDSAs after the September Forum. During the meeting, she provided feedback about PrairieStar’s PDSA cycle.
 - In the past, PrairieStar used the PHQ-9 for the initial depression screening, and then referred patients to behavioral health staff, if necessary. In June, they inserted a PHQ-2 initial screen into their process. This change seems to have had a negative effect on the measure performance.
 - They include depression screening in visits just like vital signs.
 - Staff rooming the patients now bring positive scores to the providers’ attention by moving a red ribbon to the front of the computer screen and creating a sticky note in eCW.
 - Their behavioral health consultants look at schedules each day to see who needs screened and who has had positive screens in the past.
 - **Challenge** – Field mapping changes during eCW upgrades. They have discovered medications missing and other issues after upgrading their system.
 - PrairieStar has contracts with some industrial organizations to provide health-screening services. They have incorporated the depression screening process into these visits as well.
 - Staff review hospital admissions daily to follow up on behavior health issues upon discharge.
- Rhiannon Maier stated that First Care stated has partnered with [OTech](#) to do upfront tasks including the PHQ. Patients use tablets to complete the screening. They are evaluating the change to determine if responses differ from their previous process.
- Amy Lurken (Heartland) reported via Chat, “our integration of BHC and PCP made things a little complicated... our BHC's were doing PHQ-9's only and PCP's weren't re-screening if it was a same day appointment (as it often is)”. She also shared “Our paperwork uses the smart form that automatically starts the PHQ-2 and reflexes the 9 instead of just the 9”.

- Maria Hensley (Health Partnership) stated that she created a DRVS dashboard to visualize gaps in screenings. She used the information presented in the dashboard to find gaps in follow-up on positive screenings. Patients aged 12-18 seem to have the highest gaps in follow-up. Health Partnership has since located a behavioral health specialist in Pediatrics to narrow those gaps. She also reported they discovered gaps in follow-up on positive screenings for rural patients so they have started offering tele-behavioral health services to patients in their rural sites.



After the September Forum on Depression Screening, I created a copy of Maria’s dashboard and made it available to all HCCN DRVS users. To find it, click on Dashboards, then Custom Dashboards and look for “CQF Depression Screening Dashboard”.

- **Challenge** – Maria reported that in eCW, it’s hard to exclude patients from the measure that refuse behavioral health intervention. Health Partnership has since added a structured data question at the end of the PHQ-2 in the progress note that allows them to capture those patients who decline follow-up services.

Measures and Targets – The DRVS Current column in the table now includes percent change from baseline and a note when a target is met.

CQF Planning

- **Forum Goals** – Attendees agreed that we should retain the current Forum goals (listed below). It was the consensus that examples from other health centers are helpful.
 - Connect with peers
 - Share/learn best practices
 - Receive technical assistance and training from HCCN staff and other experts
- **Forum Agenda**
 - The agenda was structured so with DRVS and non-DRVS users in mind, which is why the DRVS tools are shared at the end of the Forum. This allows non-DRVS users to drop out of the meeting if desired.
 - Agenda Items to Retain
 - PDSA review

- Measure dissection
- Sample workflows
- Industry and member best practices
- Measures and targets table
- DRVS tools
- Slides to Drop
 - Graph of change from last meeting.
- Agenda Items to Change
 - Change the time allocated to individual PDSA development to a group brainstorming session to determine possible interventions and different directions to take with the measure.
- CQMs of Focus – One discussion centered on combining like CQMs in a single Forum. Another was on combining CQM information and workflows for types of visits. We will develop a plan for the year to specify the order and dates of CQMs or combinations of CQMs of Focus.
- Performance Awards – There were no changes recommended for these awards. However, the CQMs included in the overall points may change.
- Citizenship Awards – Since individual PDSA development will be replaced by a group activity, points for PDSA Participation will be removed from the calculation for these awards. Suggestions were made to remove CQM Contribution from the calculation and add Best Practice/Best Strategy for Improvement Submission. These submissions will be included in the slide deck.
- Tools and Activities – Those present felt the overview of DRVS tools is helpful, particularly the dashboards. We may invite individuals to present how they are using DRVS and/or demonstration tools they have developed.

Next Steps:

- Terri will create a plan for CQMs or combinations of CQMs of Focus for upcoming Quality Forums and share that plan with the Connections Advisory Committee in December.

Meeting Participation:

Connections Health Center	Attendee(s)
<i>CHC in Cowley County</i>	David Brazil, Melody Vaden
<i>First Care Clinic</i>	Rhiannon Maier
<i>GraceMed Health Clinic</i>	Heather Sell, Jocelyn Gonzalez
<i>Health Ministries Clinic</i>	Lizzet Arellanes
<i>Health Partnership Clinic</i>	Maria Hensley
<i>HealthCore Clinic</i>	David Stowell
<i>Heartland CHC</i>	Amy Lurken
<i>Hoxie Medical Clinic</i>	Pam Popp, Whitney Zerr
<i>Hunter Health Clinic</i>	Joanna Sabally
<i>Konza Prairie</i>	Doris Coats-Gray

<i>PrairieStar Health Center</i>	Mona Broomfield, Tad Ramage
<i>Salina Family Healthcare</i>	Melodie Reich
Other Organization	Attendee(s)
<i>KAMU</i>	Terri Kennedy
<i>Azara Healthcare</i>	Heather Budd

Next Forum

Well Women Measures

January 28