

eCW Clinical Documentation Guide

Measure Name	Screening for Clinical Depression and Follow-Up
Relevance	<p>NPO Population Clinical Quality Dashboard [NQF 0418: Behavioral Measure] ACO Quality Measure # 18 [GPRO: Preventive Measure] MIPS Clinical Quality Measure [CMS 2 (EHR)/Registry 134: Process Measure]</p>
Measure Definition	<p><i>The percentage of patients, 12 years of age and older, who were screened for Clinical Depression during the Measurement Period, using an age-appropriate standardized Depression screen tool AND, if positive, had a follow-up plan documented on the date of the positive screen</i></p>
Measurement Period	<p>The Measurement Period is defined as the current calendar year (January 1 - December 31)</p>
Denominator	<p>The Denominator consists of patients who:</p> <ol style="list-style-type: none"> I. Are ≥ 12 years old at the start of the Measurement Period II. AND, Have been seen for an appropriate E&M visit during the Measurement Period III. AND, Have had a Depression Screen administered, and documented, during the E&M visit
Numerator	<p>The Numerator consists of patients, from the Denominator, who:</p> <ol style="list-style-type: none"> I. Had an adolescent (< 18 years of age) or adult (≥ 18 years of age) Depression Screen administered <ol style="list-style-type: none"> A. With a Negative result B. AND, Recorded as structured data C. AND, During an applicable E&M encounter D. AND, Within the Measurement Period II. Or, Had an adolescent (< 18 years of age) or adult (≥ 18 years of age) Depression Screen administered <p style="text-align: right;"><i>(continued)</i></p>

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<p>Numerator <i>(continued)</i></p>	<p>A. With a Positive result</p> <ol style="list-style-type: none"> 1. AND, Recorded as structured data 2. AND, During an applicable E&M encounter 3. AND, Within the Measurement Period <p>B. And, Had an additional (psychiatric or psychological) evaluation for Depression</p> <ol style="list-style-type: none"> 1. Recorded as structured data 2. ≤ 1 day after the Positive Depression screen <p>C. Or, Had a follow-up evaluation for Depression</p> <ol style="list-style-type: none"> 1. Recorded as structured data 2. ≤ 1 day after the Positive Depression screen <p>D. Or, Had a Suicide Risk Assessment</p> <ol style="list-style-type: none"> 1. Recorded as structured data 2. ≤ 1 day after the Positive Depression screen <p>E. Or, Had a referral</p> <ol style="list-style-type: none"> 1. To a Depression specialist 2. Ordered ≤ 1 day after the Positive Depression screen <p>F. Or, Had a Depression medication ordered, ≤ 1 day after the Positive Depression screen</p> <p style="text-align: right;"><i>(continued)</i></p>

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<p>Exclusions and/or Exceptions</p>	<p style="text-align: center;">Patients are excluded/excepted from the Denominator for one of the following reasons:</p> <ul style="list-style-type: none"> I. They have an active diagnosis for Depression (diagnosed prior to the first day of the Measurement Period) II. They have an active diagnosis for Bipolar Disorder (diagnosed prior to the first day of the Measurement Period) III. They have a medical reason for not having had a Depression screen performed during the Measurement Period <ul style="list-style-type: none"> A. E.g., Medical Reason: Procedure Contraindicated B. E.g., Medical Reason: Medical Contraindication C. E.g., Medical Reason: Treatment Not Tolerated D. E.g., Medical Reason: Procedure Not Indicated IV. They have a patient reason for not having had a Depression screen performed during the Measurement Period <ul style="list-style-type: none"> A. E.g., Patient Reason: Refusal of Treatment by Patient B. E.g., Patient Reason: Procedure Refused C. E.g., Patient Reason: Procedure Refused for Religious Reason D. E.g., Patient Reason: Patient Refused Access to Services E. E.g., Patient Reason: Patient Refused Intervention/Support F. E.g., Patient Reason: Patient Refused Service
<p>Measure Documentation</p>	<p style="text-align: center;"><u>To Qualify for This Measure</u> <i>(Denominator Documentation)</i></p> <p>The patient must be seen for an applicable encounter during the Measurement Period</p> <ul style="list-style-type: none"> A. The following E&M codes identify applicable visit encounters <ul style="list-style-type: none"> 1. 90791 - 90792, 90832, 90834 and 90837 <p style="text-align: right;"><i>(continued)</i></p>

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<p>Measure Documentation <i>(continued)</i></p>	<ul style="list-style-type: none"> 2. 92625 3. 96116, 96118, 96150 and 96151 4. 97003 5. 99201 - 99205 and 99212 - 99215 6. G0101, G0402, G0438, G0439, and G0444 <p>B. Record the appropriate E&M code in the Billing section of the Progress Note for the visit <i>(Progress Notes → Billing)</i></p>
	<p style="text-align: center;"><u>To Satisfy this Measure</u> <i>(Numerator Documentation)</i></p> <p>II. Screen the patient for Clinical Depression, during the applicable E&M encounter, using an age-appropriate, standardized, clinical Depression Screening Tool</p> <p>A. Examples of Standardized Clinical Depression Screening Tools include:</p> <ul style="list-style-type: none"> 1. For adolescents (12-17 years) <ul style="list-style-type: none"> a. Patient Health Questionnaire for Adolescents (PHQ-A) b. Beck Depression Inventory - Primary Care Version (BDI-PC) c. Mood Feeling Questionnaire (MFQ) d. Center for Epidemiologic Studies Depression Scale (CES-D) e. PHQ-2 f. PRIME MD-PHQ-2 2. For adults (18 years and older) <ul style="list-style-type: none"> a. Patient Health Questionnaire (PHQ-9) b. Beck Depression Inventory (BDI or BDI-II) <p style="text-align: right;"><i>(continued)</i></p>

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<p>Measure Documentation <i>(continued)</i></p>	<ul style="list-style-type: none"> c. Center for Epidemiologic Studies Depression Scale (CES-D) d. Depression Scale (DEPS) e. Geriatric Depression Scale (GDS) f. Cornell Scale Screening g. PHQ-2 h. PRIME MD-PHQ-2 <p>B. If utilizing the PHQ-2 or PHQ-9 Depression Screening Tool:</p> <ul style="list-style-type: none"> 1. Access the tool as follows: <ul style="list-style-type: none"> a. From within the open Progress Note for the visit, click on the carat for the Smart Forms (SF; top, left-hand corner of note) b. Select the desired questionnaire c. A new window, with the questionnaire displayed, will open 2. Document the patient's answers to <u>all</u> questions <ul style="list-style-type: none"> a. When all questions have been answered, a numerical score will be generated b. Click "Save" c. Click "OK" to close <p>C. If utilizing a Depression Screening Tool other than PHQ-2 or PHQ-9</p> <ul style="list-style-type: none"> 1. Note the name of the Depression screening tool used in the Progress Note for the visit 2. Attach the resulted Depression screening tool to the patient's chart in the EMR <ul style="list-style-type: none"> a. E.g., integrate the questions and answers into the Progress Note for the visit b. E.g., scan a paper copy of the questions and answers into the patient's Documents <p style="text-align: right;"><i>(continued)</i></p>

Measure Name	Screening for Clinical Depression and Follow-Up <i>(continued)</i>
<p>Measure Documentation <i>(continued)</i></p>	<p>III. Interpret the Depression Screen result as Positive or Negative for Clinical Depression</p> <p>A. Consult the guidelines for your specific Depression Screening tool for the definition of a Positive versus Negative screen</p> <p>B. If utilizing the PHQ-2 or PHQ-9 Depression Screening Tool</p> <ol style="list-style-type: none"> 1. Results are automatically recorded as structured data in eCW 2. But, eCW considers any PHQ-9 score ≥ 1 as Positive for Clinical Depression (requiring documentation of a Depression follow-up plan for satisfaction of this measure) 3. Use the structured data fields, below, to enter the physician's interpretation of the Depression Screen results <p>IV. Document the Depression Screen results in a structured data field, as follows:</p> <p>A. eCW recommends the following structured data path</p> <p style="text-align: center;"><i>Progress Note</i> → <i>HPI</i> → <i>Depression Screening</i></p> <div style="text-align: center;"> <pre> graph LR A[Progress Note] --> B[HPI] B --> C[Depression Screening] C --> D[Interventions] D --> E[Depression Screening Findings] E --> F[Select Positive or Negative] </pre> </div> <ol style="list-style-type: none"> 1. The required structured fields are outlined (boxed) in the above pathway 2. If necessary, generate (and map) the above structured data fields, as follows <ol style="list-style-type: none"> a. Add "Interventions" to the "Depression Screening" folder in HPI <ol style="list-style-type: none"> 1) From within a Progress Note or Virtual Visit, click on the "HPI" link 2) Click on the "Depression Screening" folder 3) If "Interventions" is not listed in the options that subsequently display <ol style="list-style-type: none"> a) Click the carat adjacent to the "Custom" button b) Select "New Item" <p style="text-align: right;"><i>(continued)</i></p>

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Measure Name	Screening for Clinical Depression and Follow-Up <i>(continued)</i>
<p>Measure Documentation <i>(continued)</i></p>	<ul style="list-style-type: none"> c) Type "Interventions" in the "Name" field d) Check the "Structured Data" box e) Click "OK" to close the window <p>b. To map the fields, click the "Community" tab in the top menu bar in eCW</p> <ul style="list-style-type: none"> 1) Select "Mappings" 2) Select "Structured Data" <ul style="list-style-type: none"> a) A Structured Data "Mapper" window will open b) Enter the following information for both the Community and Local sides: <ul style="list-style-type: none"> (1) Section = HPI (2) Category = Depression Screening (3) Item = Intervention c) A list of structured data options will appear on the Community side (Items in black font have not yet been mapped) <ul style="list-style-type: none"> (1) Select "Depression Screening Findings" from the Community side (2) Click "Add" to add the option to the Local side and map it to the Community element (3) Both options should now be displayed in blue font <p>3. Variations of the above structured data path (e.g., created in a different section of the Progress Note are acceptable as long as the fields are mapped to their Community counterparts delineated in the path above</p> <p>B. If the result of the Depression screen is Negative, no further action is necessary</p> <p>C. However, if the result of the Depression screen is Positive, a Depression follow-up plan must be documented in one of the following way</p> <p style="text-align: right;"><i>(continued)</i></p>

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Measure Name	Screening for Clinical Depression and Follow-Up <i>(continued)</i>
<p>Exclusion and/or Exception Documentation</p>	<p>1. Document an "Additional Evaluation for Depression" (≤ 1 day after the Positive Depression Screen)</p> <p><i>Progress Note</i> → <i>HPI</i> → <i>Depression Screening</i></p> <p style="text-align: center;">↓</p> <p style="text-align: center;"> Intervention → Additional Evaluation for Depression → Select an Option </p> <p>a. The required structured fields are outlined (boxed) in the above pathway b. If necessary, configure and map the structured data fields, as detailed above</p> <p>2. <u>Or</u>, Document a "Follow-Up Evaluation for Depression" (≤ 1 day after the Positive Depression Screen)</p> <p><i>Progress Note</i> → <i>HPI</i> → <i>Depression Screening</i></p> <p style="text-align: center;">↓</p> <p style="text-align: center;"> Intervention → Follow-Up Evaluation for Depression → Select an Option </p> <p>a. The required structured fields are outlined (boxed) in the above pathway b. If necessary, configure and map the structured data fields, as detailed above</p> <p>3. <u>Or</u>, Document that a "Suicide Risk Assessment" was performed (≤ 1 day after the Positive Depression screen)</p> <p><i>Progress Note</i> → <i>HPI</i> → <i>Depression Screening</i></p> <p style="text-align: center;">↓</p> <p style="text-align: center;"> Intervention → Suicide Risk Assessment Performed → Enter Date </p> <p>a. The required structured fields are outlined (boxed) in the above pathway b. If necessary, configure and map the structured data fields, as detailed above</p> <p>4. <u>Or</u>, Refer the patient to one of the following Depression Specialists (≤ 1 day after the Positive Depression screen) <i>(Progress Note (or Virtual Visit) → Treatment → Outgoing Referral → Specialty)</i> <i>(continued)</i></p>

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<p>Measure Documentation <i>(continued)</i></p>	<ul style="list-style-type: none"> a. Psychiatry b. Child & Adolescent Psychiatry c. Clinic d. Clinical Psychologist e. Depression Management Program f. Emergency Clinic g. Liaison Psychiatry Service h. Mental Handicap Psychiatry Service i. Mental Health Counseling j. Mental Health Counseling Service k. Mental Health Counselor l. Mental Health Team m. Mental Health Worker n. Psychiatric Aftercare o. Psychiatrist for the Elderly Mentally Ill p. Psychiatry Service q. Psychogeriatric Day Hospital r. Psychogeriatric Service s. Psychologist <p>5. Or, Order a Depression medication in one of the following ways (\leq 1 day after the Positive Depression screen)</p> <ul style="list-style-type: none"> a. <i>Progress Notes</i> → <i>Treatment</i> → <i>Add</i> b. <i>Telephone/Web Encounter</i> → <i>Rx tab</i> → <i>Select Rx</i> c. <i>Telephone/Web encounter</i> → <i>Virtual Visit tab</i> → <i>Treatment</i> → <i>Add</i>
<p>Exclusion and/or Exception Documentation</p>	<p style="text-align: center;"><u>To Exclude a Patient From This Measure</u> <i>(Exclusion/Exception Documentation)</i></p> <p>I. If applicable, document one of the following ICD-10 diagnosis codes for Depression in the Problem List of the patient's chart in eCW <i>(continued)</i></p>

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Trouble-Shooting <i>(continued)</i>	<p>A. F01.51 B. F32.0 - F32.5, F32.8 - F32.9, F33.0 - F33.3, F33.42, F33.9 and F34.1</p>
	<p>II. If applicable, document one of the following ICD-10 diagnosis codes for Bipolar Disorder in the Problem List of the patient's chart in eCW F31.11 - F31.13, F31.2, F31.73 - F31.74 and F31.9</p>
	<p>III. If applicable, document a medical reason for failure to perform a Depression Screen, as follows:</p> <p style="text-align: center;"> <i>Progress Notes</i> → <i>HPI</i> → Depression Screening → Screening Not Performed → Reason → Select Medical Reason ↓ <i>Select an option for type of medical reason</i> </p> <p>A. eCW recommends the above structured data path</p> <ol style="list-style-type: none"> 1. The required structured data fields are outlined (boxed) in the path above 2. If necessary, generate (and map) the above structured data fields, as follows <ol style="list-style-type: none"> a. Add "Screening Not Performed" as an item in the "Depression Screening" folder in HPI <ol style="list-style-type: none"> 1) From within a Progress Note or Virtual Visit, click on the "HPI" link 2) Click on the "Depression Screening" folder 3) If "Screening Not Performed" is not listed in the options that subsequently display <ol style="list-style-type: none"> a) Click the carat adjacent to the "Custom" button b) Select "New Item" c) Type "Screening Not Performed" in the "Name" field d) Check the "Structured Data" box e) Click "OK" to close the window <p style="text-align: right;"><i>(continued)</i></p>

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Measure Name	Screening for Clinical Depression and Follow-Up <i>(continued)</i>
<p>Exclusion and/or Exception Documentation <i>(continued)</i></p>	<p>b. To map the fields, click the "Community" tab in the top menu bar in eCW</p> <ol style="list-style-type: none"> 1) Select "Mappings" 2) Select "Structured Data" <ol style="list-style-type: none"> a) A Structured Data "Mapper" window will open b) Enter the following information for both the Community and Local sides: <ol style="list-style-type: none"> (1) Section = HPI (2) Category = Depression Screening (3) Item = Screening Not Performed c) A list of structured data options will appear on the Community side (Items in black font have not yet been mapped) <ol style="list-style-type: none"> (1) Select "Reason" from the Community side (2) Click "Add" to add the option to the Local side and map it to the Community element (3) Both options should now be displayed in blue font <p>3. Record the medical reason (for not performing a Depression screen) in the structured data field in the Progress Note for the visit</p> <p>B. Options for "Medical Reason" include:</p> <ol style="list-style-type: none"> 1. Medical Reason: Procedure contraindicated 2. Medical Reason: Medical contraindication 3. Medical Reason: Treatment not tolerated 4. Medical reason: Procedure not indicated <p style="text-align: right;"><i>(continued)</i></p>

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Measure Name	Screening for Clinical Depression and Follow-Up <i>(continued)</i>
<p>Exclusion and/or Exception Documentation <i>(continued)</i></p>	<p>IV. If applicable, document a patient reason for failure to perform a Depression Screen, as follows:</p> <p><i>Progress Notes</i> → <i>HPI</i> → <i>Depression Screening</i> → Screening Not Performed → Reason → Select Patient Reason</p> <p style="text-align: center;">↓ <i>Select an option for type of patient reason</i></p> <p>A. eCW recommends the above structured data path</p> <ol style="list-style-type: none"> 1. The required structured data fields are outlined (boxed) in the path above 2. If necessary, generate (and map) the above structured data fields, as detailed above (for "Medical Reason") 3. Record the patient reason for not performing a Depression screen in the structured data field in the Progress Note for the visit <p>B. Options for "Patient Reason" include:</p> <ol style="list-style-type: none"> 1. Patient Reason: Refusal of treatment by patient 2. Patient Reason: Procedure refused 3. Patient reason: Procedure refused for religious reason 4. Patient Reason: Patient refused access to services 5. Patient Reason: Patient refused intervention/support 6. Patient Reason: Patient refused service
<p>Trouble-Shooting</p>	<p style="text-align: center;"><u>Having Problems? Check Out the Following Trouble-Shooting Tips</u></p> <p>I. Verify that all questions for the Depression Screening Tool have been answered</p> <hr/> <p>II. Verify that the Depression Screening result was documented in a structured data field on the same date the patient was seen for an applicable E&M encounter</p> <p style="text-align: right;"><i>(continued)</i></p>

Measure Name	Screening for Clinical Depression and Follow-Up <i>(continued)</i>
<p>Trouble-Shooting <i>(continued)</i></p>	<p>III. Verify that, for any Positive Depression Screen result, a follow-up plan for Depression has been documented, in a structured data field, no later than 1 day after the date the Positive Depression Screen result was documented</p>
	<p>IV. Verify that the structured data fields are properly mapped to corresponding Community elements</p> <p>A. Verify mapping at <i>Community → Mappings → Structured Data</i></p> <ol style="list-style-type: none"> 1. Match each structured field from the Community side with it's counterpart on the Local side 2. Mapped elements will be displayed in blue font <p>B. For further assistance with structured data fields and mapping issues, contact an eClinicalWorks Technical Representative</p>
	<p>V. Verify that any applicable ICD-10 diagnosis code(s) have been added to the Problem List in the patient's chart in the EMR</p> <p>A. Verify that the correct ICD-10 diagnosis code has been added</p> <p>B. Add a diagnosis to the patient's Problem List in one of the following ways:</p> <ol style="list-style-type: none"> 1. <i>Progress Note (or Virtual Visit) → Assessments → Problem List → Add</i> 2. OR, From the ICW (Right-Hand Chart Panel), click the "Overview" tab <ol style="list-style-type: none"> a. Click the orange button (with three dots) in the Progress Note band b. Click "Add" 3. Helpful Hint: When adding a new diagnosis to the Problem List, enter the onset date (if known) in the associated "Onset Date" field
	<p>VI. For further assistance, contact Ed Worthington (eworthington@npoinc.org) or Kelly Saxton (ksaxton@npoinc.org) at NPO (231-421-8505) <i>(continued)</i></p>

Measure Name	Screening for Clinical Depression and Follow-Up <i>(continued)</i>
For More Information	<p style="text-align: center;"><u>For More Information</u></p> <p>I. NQF 0418: "Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan"</p> <p>II. eClinicalWorks "MIPS - CMS 2- Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan"</p> <p>III. eClinicalWorks "MIPS - Registry 134 (NQF 0418) (MIPS - CMS 2) - Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan"</p> <p>IV. 2016 GPRO PREV Supporting Documents</p>