Data Definitions & Essential Planning

PRACTICE NOTATIONS

SEEN COLLABORATIVE

Exclusions for all SEEN Measures:

(1) Patient has an active diagnosis of depression prior to any encounter during the measurement period;

(2) Patient has a diagnosis of bipolar disorder prior to any encounter during the measurement period;

(3) Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium.

How will the practice define a previous 'active diagnosis of depression' for the purposes of excluding these charts from collaborative data?

- o Include only those who have a first-time positive screen raising concern for depression.
- o Include all with a positive screen including those who previously had a positive screen but who did not connect with support.

Date:

Note: Family reluctance to engage around concern for depression is not an exclusion criterion.

Dataset #1	
Measure Name **Depression Screen Completed at 12-18 yo Well Visits**	*Note how this measure will be interpreted in your office to ensure data consistency. Date decisions. Revisit and update this document as interpretation evolves.*
Collaborative Definition	Practice Details/Updates

Definition of Measure: Proportion of adolescents 12 through 18 years of age seen for a well visit who are screened for depression using an age-appropriate validated screening tool. **Type of Quality Measure:** Process measure. **Improvement Target Value:** 80% of eligible adolescents. **Calculation:** ○ **Target population:** Adolescents 12 through 18 years of age (up to 19th birthday). ○ **Numerator:** Number of adolescents 12 through 18 years of age (up to 19th birthday) screened for depression using a validated screening tool. ○ **Denominator:** Number of adolescents 12 through 18 years of age (up to 19th birthday) who present for a well visit. **Inclusion:** Adolescents 12 through 18 years of age seen for a well visit **Data Source:** Patient charts (paper or EMR). **Collection Frequency:** All available charts per month for 7 months entered online via REDCap link. **Measurement timeframe**: 22nd of prior month through 21st of current month December 22, 2022-July 21, 2023 **Data due date**: Enter data by the last day of the month. **Is the measure validated or endorsed?** Yes. NQF 0418.	Practice **Improvement Target** % _____ Date: *Note: Select % after Baseline Data reviewed at Feb SEEN Webinar.* **Name of Practice Validated Depression Screen:** Date: **Name of Practice Validated Suicide Screen (Optional):** Date: Note: Information to guide screen selection is provided on the ACHIA website and will be part of the first ECHO webinar. We do not recommend testing 2 new screens at the same time. **Inclusion Considerations:** **Age** selected for collaborative (12-18yo) is based on national measure standards. A practice that sees patients through 21 years may elect to expand this age range. What **ages** will the practice include? Date: **'Adolescents presenting for well visit'**- Will you include everyone presenting to the practice? Or will you target a smaller population such **all adolescents presenting to providers involved in the SEEN collaborative**. If choosing a population smaller than every adolescent, select sufficient volume to average minimum of 10 data points monthly for the Follow-Up Visit measure. Which patient **visits** will be included? Date:

Dataset #1 (continued)	
Measure Name: Follow-up Plan Documented for Adolescents with a Positive Screen	*Note how this measure will be interpreted in your office to ensure data consistency. Date decisions. Revisit and update this document as interpretation evolves.*
Collaborative Level	Practice Level

Collaborative Level

Definition of Measure: Proportion of adolescents 12 through 18 years of age who screen positive for depression using an age-appropriate valid tool and have a documented follow up plan for their depression.

Type of Quality Measure: Process measure.

Improvement Target Value: 80% of adolescents who screen positive for depression using an age-appropriate valid tool will have a documented follow-up plan of care for their depression.

Calculation:

    Target Population: Adolescents 12 through 18 years of age (up to 19th birthday) who screen positive for depression using an age-appropriate valid tool.

    Numerator: Number of adolescents 12 through 18 years of age (up to 19th birthday) who screen positive for depression using an age-appropriate valid tool and have a documented follow-up plan of care for their depression.

    Denominator: Number of adolescents 12 through 18 years of age (up to 19th birthday) who screen positive for depression at a well visit using an age-appropriate valid tool.

Inclusions: Charts abstracted for 1A.
Data Source: Patient charts (paper or EMR) or immunization registry.

Collection Frequency: Sample all available charts from Measure 1A each month for 8 months entered online via REDCap link.

Measurement timeframe: 22nd of prior month

Practice Level

Practice **Improvement Target** % _____
Date:
Note: Select % after Baseline Data reviewed at Feb SEEN Webinar.

What counts as a 'Positive' Screen?

o Documentation that responses were reviewed with patient.

o Include scores consistent with:

    o Major Depressive Disorder

    o Mild depression

    o Suicidal ideation

Date:

What counts as 'plan of care' documentation?

o Common Factors: HEL^2P^3

o Common Elements

o Follow-Up appt details noted

o Other:

Date:

*A positive screen in the record with no interpretation or comment does not count as documentation.

Practices not currently screening all teens for depression may want to start on a smaller scale, such as focusing on teens with Major Depression, and expand to include other mental health concerns after the process workflow is established.

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through 21st of current month December 22, 2022- July 21, 2023 **Data due date**: Enter data by the last day of the month **Is the measure validated or endorsed?** Yes, based on NQF 0418.	

Dataset #2	
Measure Name: Follow Up of Screens Positive for Depression Completed within 30 Days	*Note how this measure will be interpreted in your office to ensure data consistency. Date decisions. Revisit and update this document in the future as interpretation evolves.*
Collaborative Level	Practice Level

Collaborative Level	Practice Level

Definition of Measure: Proportion of adolescents 12 through 18 years of age who are followed up within 30 days after screening positive for depression.
 	
Type of Quality Measure: Process measure.
Improvement Target Value: 5% above baseline
 	
Calculation:
 	
    Target population: Adolescents 12 through 18 years of age (up to 19th birthday).
 	
    Numerator: Number of adolescents 12 through 18 years of age (up to 19th birthday) who completed follow up within 30 days with either an in-person or telehealth visit with primary care or a mental health provider or had a primary care phone visit with a qualified professional (MD, NP, RN, MSW, PA).
 	
    Denominator: Number of 12 through 18 years of age (up to 19th birthday) with a positive screen AND a follow up plan from the health supervision visit.
 	
Inclusions: All adolescents 12 through 18 years seen for a well visit who screened positive for depression and have a follow up plan
 	
Data Source: Patient charts (paper or EMR).
 	
Collection Frequency: All eligible charts entered monthly for 7 months online via REDCap link.
 	
Measurement timeframe: 22nd of prior month through 21st of current month December 22, 2022-July 21, 2023
 	
Data due date: Enter data by the last day of the month
Is the measure validated or endorsed? No, but this measure is based on NQF 0418. Our measure allows for assessing if follow-up plan was completed
	Practice **Improvement Target** % _ Date:
	
	Note: Select % after Baseline Data reviewed at Feb SEEN Webinar.
	
	What will count as follow up within 30 days for your office?
	
	    o Clinic visit
	    o Telehealth visit
	    o Phone call with a qualified professional
	Date:
	
	Note: follow up requires a teen interacting with qualified professional (common elements/common factors, further evaluation).
	A scheduler confirming a mental health appointment outside of the practice may be of value but does not count as follow up for this measure.
	
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Essential Planning

Data Collection

Dataset #1: Teen WCC
How will charts to be abstracted be identified?
Who will be responsible for abstracting whether:
- the screen was completed,
- the screen with positive,
- a follow up plan was documented for positive screens?
How will the abstracted data be captured? (Data collection sheet? Other?)
Where will this data/document be located?

Dataset #2: Follow Up Visits with Practice
How will patients needing follow-up visits be identified? (Data collection sheet? Other?)
Who will track if patients followed-up with 30 days?
Where will this data/document be located?

Data Entry
Who is entering REDCap data (Run Chart and PDSA)?

Who is back up is for each of these steps?

Data Reflection
Select a standing monthly time for the practice team to meet to reflect on:
- Run chart results for cycle just completed
- Review the 'Plan' for the cycle just completed
- Complete the "Do-Study-Act" for the cycle just completed.
- Make a 'Plan' for the upcoming cycle.

Data cycles open the 21st of each month. A Core Team meeting between the 21st and the last day of the month, when data and the monthly PDSAs are due, is recommended.