

Oregon SBHC Key Performance Measures Guidance Document

Optional Measure: Depression Screening (Effective 7/1/2019)



Measure Description

The percentage of SBHC clients ages 12 -21 who were screened for depression during the measurement school year.

This is one of five optional Key Performance Measures (KPMs). All certified SBHCs in Oregon must select and report on one of these optional measures. An Optional KPM can only be selected when the SBHC has a minimum of 20 clients in the eligible population.

Eligible Population

All SBHC clients seen for any reason (including physical, mental, dental health visits) during the measurement school year (July 1 – June 30) ages 12 -21 at the time of their visit

Exclusions

SBHC clients are excluded from the denominator if:

- Client of any age refuses screening; OR
- Parent consent for depression screen is unable to be obtained after one attempt for client under 14 years of age; OR
- Clients with two documented no-shows for a scheduled appointment when a KPM service was to be provided; OR
- Client begins the service year with an active diagnosis of depression or bipolar disorder, as documented by one of the diagnosis codes listed below, or as documented in the chart notes.

Measure Specifications

Denominator:	Eligible population must contain at least 20 clients seen at the SBHC during the previous service year.
Numerator:	Unique counts of SBHC clients ages 12 -21 during the measurement school year (July 1 – June 30) who were screened for depression (either a brief screen or full assessment)
Eligible Depression Screening Tools:	The screening tool should be normalized and validated for the adolescent population. Examples include: PHQ-2 (brief screen), SBIRT Questionnaire (brief screen), PHQ-A, Beck Youth Depression Inventory, Center for Epidemiologic Studies Depression Scale (CES-D), Weinberg Depression Scale. Link to Oregon CCO Incentive Measure Specification Sheet with examples of screening tools: https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2019-Depression-Screening.pdf
State Benchmark:	70% of charts sampled with documented depression screen/assessment during the measurement school year
Chart Audit Requirements	SBHCs should audit 20% of their charts of the eligible population, with a floor of 30 charts and a ceiling of 50. If the SBHC has fewer than 30 eligible charts, they should review all eligible charts

ICD-10-CM Codes to Identify Active Diagnosis of Depression or Bipolar Disorder

Depression	Bipolar
F32.9 – F33.42 (Major depressive disorder + variations)	F31.0 – F31.78
F32.8 (Other depressive disorder)	F31.9 (Bipolar disorder, unspecified)
F23.3 or F33.3 (Major depressive disorder w/psychosis)	F31.8 – F31.89 (Other bipolar disorders)
F34.1 (Dysthymic disorder)	

What “counts” as a depression screen?

- Chart should contain documentation that depression screen (or assessment) was completed, scored, and results were communicated with the client;
- Documentation of screen/assessment does not have to be billing or code-based (verification should be chart notes/text-based)

Resources

The Oregon Pediatric Society’s START project trains primary care providers to implement depression screening and management in their practices for maternal depression and also adolescent depression.

<https://oregonpediatricsociety.org/start/>

Oregon CCO Incentive Measure Specification Sheet for Depression Screening:

<https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2019-Depression-Screening.pdf>