

Oregon SBHC Key Performance Measures Guidance Document

Depression Screening (Effective 7/1/2020)



Measure Description

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

In order to select this KPM, an SBHC must see a minimum of 20 eligible clients during the past school year.

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 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; OR
- 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.

Measure Specifications

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|--------------------------------------|--|
| 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: | Given the impact of COVID-19, KPM benchmarks are eliminated for school year 2020-2021. |
| 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:

Oregon CCO Incentive Measure Specification Sheet for Depression Screening:

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