OVERVIEW OF PIN MENTAL HEALTH INDICATORS

The purpose of this document is to provide you with basic information on the trial mental health indicators that your clinic has agreed to adopt. A visual diagram depicting the indicators' major phases and steps can be found in Appendix A at the end of this document.

The trial mental health indicators were first introduced in a limited number of PIN sites in 2009. As of October, 2011, any PIN site wishing to adopt and implement the indicators is eligible to do so, provided that their EMR is capable of tracking and extracting the necessary data.

Depression Screening Indicator

This indicator is intended to facilitate the number of depression screenings performed at the primary care site on the population deemed as "high risk" for depression. The PIN Indicator and Advisory Committee has approved the following criteria for identifying the "high risk" population for the purpose of depression screening:

Core patients 18 to 69 years of age, not actively diagnosed with depression, who have one or more of these chronic diseases or conditions:

- *Diabetes*
- *Congestive heart failure (CHF)*
- *Coronary artery disease (CAD)*
- *Women who have given birth within the past 12 months*

Upon encountering a visit from a patient matching one or more of the above criteria, a designated staff member or health care provider will be alerted by the Electronic Medical Record (EMR) solution to perform depression screening. The screening will be performed using the PHQ-2 (Patient Health Questionnaire-2) consisting of the following Yes/No questions:

- *During the past month, have you had little interest or pleasure in doing things?*
- *During the past month, have you been feeling down, depressed, or hopeless?*

Responses received from the patient will then entered in the EMR solution for analysis.

Indicator achievement is derived by calculating the proportion of the overall core patient population identified as "high risk" for depression (as illustrated by the completion of the Initial Encounter phase of the Appendix A diagram), who have been screened for depression using the PHQ-2 (PHQ-2 Administration phase of Appendix A) within the last 12 months.

Details of Indicator Performance Calculation	
Depression Screening Numerator	All high risk core patients, not already diagnosed with depression, who have answered both PHQ-2 questions within the last 12 months.
Depression Screening Denominator	All high risk core patients not already diagnosed with depression. (See definition of "high-risk" above).

Depression Screening Follow-up Indicator

The indicator was designed as part of the continuous depression screening process. The goal is to address suspected depressions through a follow-up assessment by a primary care provider.

Following the input of one or more positive answers on the PHQ-2, your EMR solution will alert the person entering the results of the need to schedule a follow-up appointment. The follow-up appointment will allow a physician or other health care provider to use techniques and methods felt most appropriate to further assess the patient and to decide on treatment, if required.

The follow-up assessment completion is signified by the selection of one or more of the following outcomes within the EMR solution[1]:

a) not depressed
b) depressed and referred
c) depressed, treatment prescribed and managed by doc
d) depressed, refused treatment

The indicator achievement is calculated by identifying the proportion of the "high risk" core patient population, screened for depression within the last 12 months (See PHQ-2 Administration phase of Appendix A) with one or more positive answers on the questionnaire, who had received a follow-up assessment (See Follow-Up phase of Appendix A) within 4 weeks of depression screening.

Details of Indicator Performance Calculation	
Depression Screening Follow-Up Numerator	All high risk core patients, not already diagnosed with depression, who have given a positive answer to one or more PHQ-2 questions within the last 12 months and had a follow-up assessment completed within 4 weeks of the initial depression screening.
Depression Screening Follow-Up Denominator	All high risk core patients, not already diagnosed with depression, who have given a positive answer to one or more PHQ-2 questions within the last 12 months.

IMPLEMENTATION TIPS

To facilitate the preparation for successful implementation of the Depression Screening and Depression Screening Follow-Up indicators, please consider the tips presented below. These tips can help you adjust the indicator workflow to match that of your clinic.

Each section is associated with the respective phase illustrated in Appendix A, found at the end of this document.

[1] The only allowable combination of selections is b and c, all others are stand-alone.

Initial Encounter

In order to flag incoming patients as "high risk" for depression, your EMR solution will rely on the diagnoses entered into the system. Therefore it is important to ensure you regularly enter appropriate information on Depression, Diabetes, CHF, CAD, as well as live births in the designated fields within your EMR. If you have not already begun to enter this information in your patient records, it will be important to begin doing so. Please note that, as the Quality Based Incentive Funding (QBIF) model uses patient numbers to determine available funding, the number of patients for whom this information is entered in your EMR will determine the amount of QBIF your clinic is eligible to receive for the Depression Screening Indicator.

Identification of patients within your EMR, who have had a diagnosis of depression, but who are no longer depressed, will also be an important part of implementing these indicators. Prompt de-activation of the current depression diagnoses within your EMR for patients who are no longer depressed will ensure the patients deemed as "high risk" are not excluded from future depression screenings. Failure to de-activate the current depression diagnoses for patients who are no longer depressed will lead to a gradual decrease of the population eligible for screenings and subsequently these indicators.

PHQ-2 Administration

The PHQ-2 used for depression screening can be either verbally administered by a health care provider or self administered on paper. The latter option allows for results to be entered in the EMR solution by a support staff member. Depending on choice of the workflow, you may configure your EMR solution to alert one or both of the following groups about the need to administer the PHQ-2 upon encounter with a patient deemed as "high risk" for depression:

- Support Staff
- Health Care Providers

Follow-Up

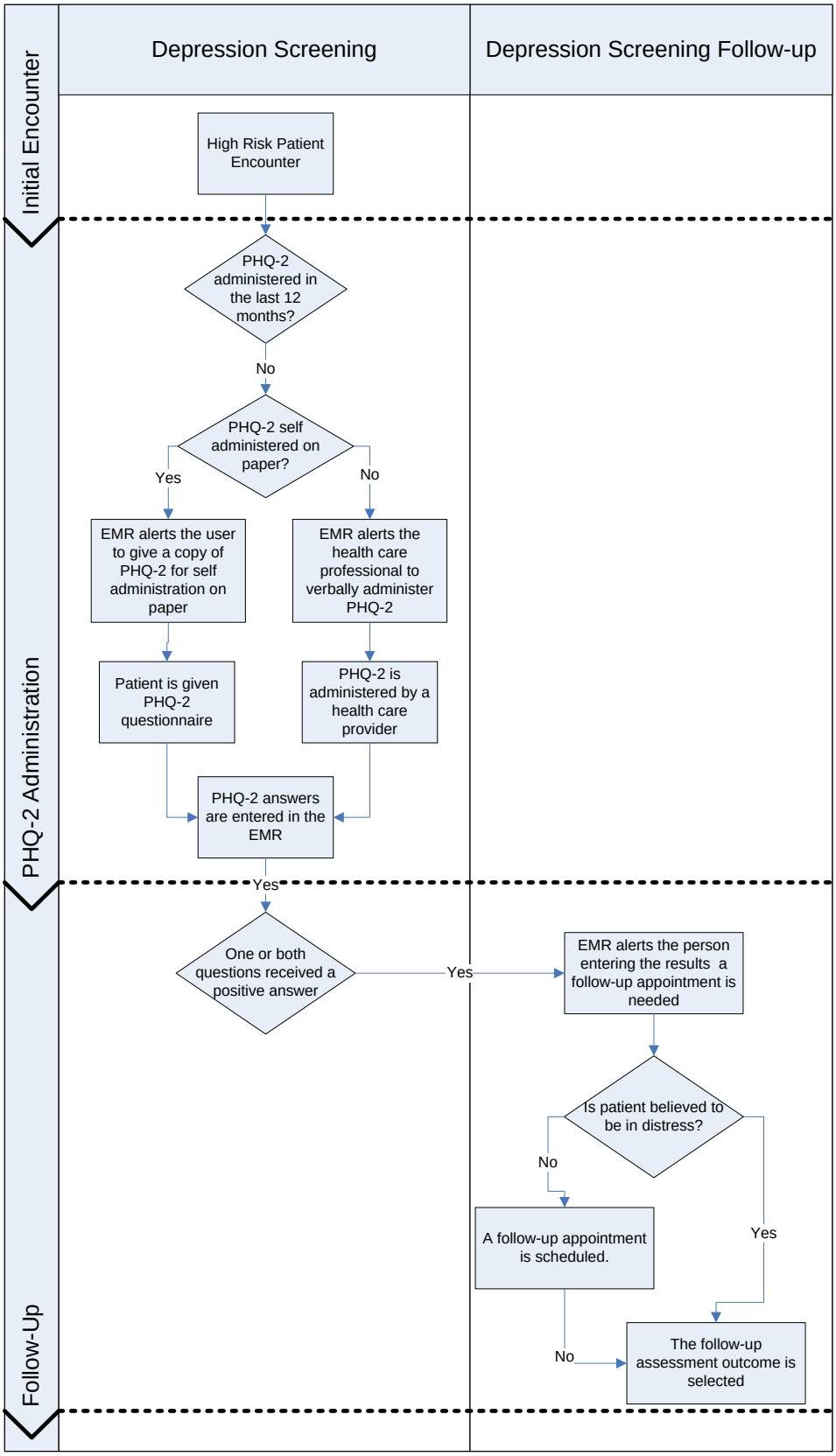
It is important to remember the follow-up assessment can take place during the follow-up appointment, particularly if the care provider feels that the patient is in distress. However, for the purpose of QBIF calculation, the follow-up assessment has to be completed within 4 weeks of the initial depression screening. Your current scheduling process may have to be considered in order to accommodate these follow-ups within the specified time frame.

Once the PHQ-2 has been administered and the results entered into the EMR solution, the EMR solution will provide the ability to signify when the follow-up assessment has been completed. Indicating that the assessment has been completed will determine your clinic's performance on the Depression Screening Follow-up Indicator.

CALCULATING PERFORMANCE AND QBIF

Once both mental health indicators are implemented, the data required to calculate the indicators will be extracted from your EMR as part of your quarterly data extract process. Your percentage achievements on these indicators will then be calculated by Manitoba Health and reported back to you in your quarterly PIN Indicator Achievement Reports. Your percentage achievement will also be used to determine the amount of QBIF you will receive for these indicators, up to the funding cap for Trial Indicators identified in Section 2.0 of Appendix "1" to your PIN Service Purchase Agreement. Should you require any further information or clarification, please contact a member of the PIN Core Team.

Appendix A


Depression Screening
Depression Screening Follow-up
Initial Encounter
PHQ-2 Administration
Follow-Up
High Risk Patient Encounter
PHQ-2 administered in the last 12 months?
No
PHQ-2 self administered on paper?
Yes
No
EMR alerts the user to give a copy of PHQ-2 for self administration on paper
EMR alerts the health care professional to verbally administer PHQ-2
Patient is given PHQ-2 questionnaire
PHQ-2 is administered by a health care provider
PHQ-2 answers are entered in the EMR
Yes
One or both questions received a positive answer
Yes
EMR alerts the person entering the results a follow-up appointment is needed
Is patient believed to be in distress?
No
Yes
A follow-up appointment is scheduled.
No
The follow-up assessment outcome is selected