



Quality Improvement Initiative 2021: Depression Screening

Problem Statement

The purpose of this quality initiative is to increase depression screening in adolescents and adults. Depression affects an estimated 120 million people worldwide, making it the second leading cause of disability.¹ In the United States, an estimated 16% of people have been diagnosed with depression.¹ Long-term comorbidities, such as generalized anxiety and panic disorder, can result from un-treated depression especially in adolescents.¹ The USPSTF found that screening for depression improved accurate identification and diagnosis and lead to improved clinical outcomes when paired with adequate support systems.²

Performance Goals

Based on CHP 2021 prospective HEDIS data for Commercial plans, 0% of members who qualified for depression screening had the screening performed. Prospective data for 2021 is annualized based on data for this year. We will be using the 2021 prospective rate for Commercial plans as baseline data. Our goal is increase this number by 5%. CHP would also like to reach the NCQA benchmark for Commercial PPO plans, once the data is available. Data will be measured at least annually to ensure that CHP is on track to meet the goal.

Data Collection Plan

To measure depression screening, CHP will look at the percentage of members 12 years and older who were screened for clinical depression using a standardized instrument. Members age 12 and older with a primary care visit are the denominator and the total of that population who were screened for depression are the numerator.

Data Collection

CHP is beginning this QI Initiative this year, so we have only measured our internal benchmark so far, which is displayed below. We will add to the chart as more data is collected for this initiative over time.

Commercial Plans

Year	Measure	Numerator (Total # screened)	Denominator (Total # members)	Rate	Goal
2021	Depression screening	0	33983	0	N/A
2022	Depression screening				5
2023	Depression screening				

Data Analysis and Statistical Testing

CHP uses chi-squared testing to demonstrate the statistical significance of our collected data. Chi-squared is a statistics test that measures how expected data compares to actual data. Results will be displayed in the chart below and indicate year to year changes in statistical significance. Statistical significance will be at $p < 0.05$. CHP will also address barriers here that effect statistically significant results, as applicable.

Statistical Testing:

Commercial Plans

Year	Numerator	Denominator	Annualized Rate	Chi-square test	Statistical Significance
2021	0	33983	0	N/A	N/A
2022					
2023					

Barriers:

- Lack of education about resources to providers

Comparison to Goal

This is the first year CHP have set a goal and is monitoring depression screening. CHP is working to meet the depression care goal in 2022 and to make a statistically significant increase in members being screened for depression.

Measure: Depression Screening

Commercial Plans

Year	Numerator	Denominator	Annualized Rate	Goal
2021	0	33983	0	n/a
2022				
2023				

Interventions

CHP and CoxHealth are implementing the following interventions to improve its depression screening measure:

Date	Intervention	Barrier Addressed
2022	Educate providers about standard depression screening techniques and charting/billing	<ul style="list-style-type: none">• Remove barrier of provider not charting or billing depression screening

Re-Measurement

CHP will re-measure depression screening at least annually to evaluate progress towards meeting its goal. Goals can be re-evaluated during this time and adjusted accordingly.

Additional Corrective Actions

Additional corrective actions are identified on the intervention grid above. CHP will initiate additional corrective actions each year, where necessary.

Findings and Outcomes

The findings and outcomes of this quality initiative will be shared with CHP employees, members, providers, the Quality Improvement Committee, and the Board of Directors. We may add and/or modify goals and interventions when necessary based on findings and outcomes. If the findings at any time during the initiative lead to needed training and education for staff, the education will be created and distributed within the following quarter.

References:

1. NCQA. 2021. "Depression Screening and Follow-Up for Adolescents and Adults (DSF)". <https://www.ncqa.org/hedis/measures/depression-screening-and-follow-up-for-adolescents-and-adults/> (August 2, 2021)
2. U.S. Preventive Service Task Force. 2021. "Depression in Adults: Screening". <https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/depression-in-adults-screening> (August 2, 2021)