

Capture patient depression scores and action plans in iKnowMedSM Generation 2

July 2023

Screening patients for depression is key to early identification and intervention. We will roll out a new **Depression Screening & Plan** tab under Patient Hx in iKnowMed Generation 2 for practices to electronically capture and calculate patients' depression scores.

The **Depression Screening & Plan** tab will capture this information as structured data - ensuring data completeness and enhancing interoperability with your community partners.

This is an important first step in streamlining depression screening and documenting the plan for Value-Based Care Programs, presenting the opportunity to document electronically instead of using a paper form.

NOTE: At this time, the documentation for MIPS 134 Screening for Depression must continue to be completed in Clinical Profile > Observations to calculate the MIPS measure. In a future release, we will work to decrease the documentation burden by updating the Observations tab when a PHQ2 or PHQ9 is completed electronically in iKnowMed. We will share those updates when they're ready.

To record a patient's depression screening:

1. Open a patient chart and go to Clinical Profile > Patient Hx.
2. Click on the new Depression Screening & Plan tab (callout 1).
3. Choose whether the patient was screened using the PHQ-2 or PHQ-9 questionnaire (callouts 2 and 3).
 - a. PHQ-2 should be used as a first-step approach to screen for the frequency of depressed mood and anhedonia over the last two weeks.
 - b. PHQ-9 should be used for patients with a depressive disorder to screen, diagnose, monitor, and measure the severity of depression over the last

two weeks.

Depression Screening & Plan

Assessment

PHQ2 PHQ9

Observation Date: 06/27/2023

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day	
1. Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	clear
2. Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	clear

3 PHQ2 score Positive Depression Severity Yes Plan needed?

PHQ-2

To complete this questionnaire:

1. Select an **Observation Date** using the calendar widget (callout 1). You may select a past date or today's date, but you cannot select a future date.
2. For the first question, select an answer for whether the patient indicated little interest or pleasure in doing things over the last two weeks (callout 2).
3. Notice that the score box automatically begins calculating a score based on your selection.
4. For the second question, select an answer for whether the patient has felt down, depressed, or hopeless over the last two weeks (callout 3).
5. Depending on your answer, the score box will calculate a final score (callout 4). Any score of 3 or greater indicates that a depressive disorder is likely.

Depression Screening & Plan

Assessment

PHQ2 PHQ9

Observation Date: 06/27/2023

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day	
1. Little interest or pleasure in doing things	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	clear
2. Feeling down, depressed, or hopeless	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	clear

3 PHQ2 score Positive Depression Severity Yes Plan needed?

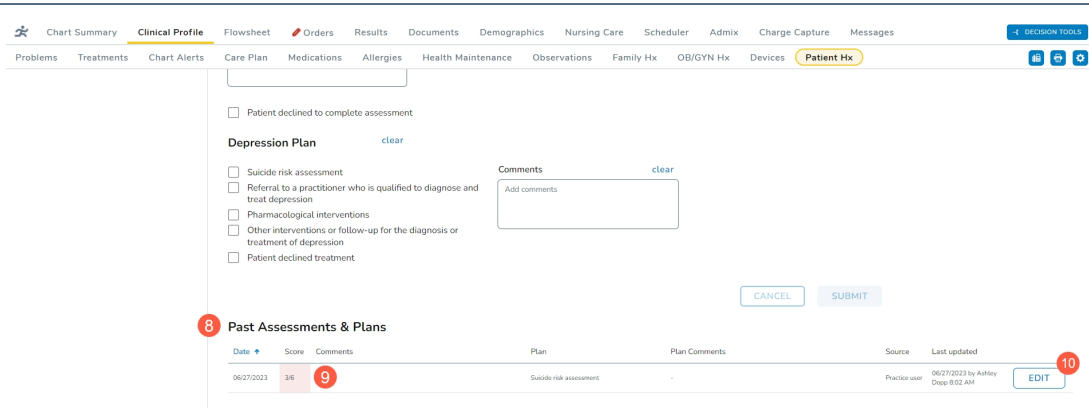
Comments: Add comments

6. You may enter any **Comments** for this patient's screening (callout 5).
7. If the patient declines the screening, check the box next to the declination statement (callout 6).
8. Use the **Depression Plan** section (callout 7) to capture the next steps and comments on to move forward with treating the patient, if needed.

- a. A plan can still be captured even if the patient declines the screening.
9. Submit the screening once it's complete.
 - a. Upon submission, any screening with a score of 3 or greater will trigger a notification that the patient should be further evaluated with the PHQ-9. If you choose to switch to the PHQ-9 questionnaire, the system will copy over the answers already entered in the PHQ-2.
 - b. Also, any screening submitted with a high score requires a plan of action. If a screening with a high score is submitted without a plan, the system will display a notification that a plan must be completed.

The screenshot shows the 'Patient Hx' section of the clinical profile. It includes a 'Comments' field (callout 5), a checkbox for 'Patient declined to complete assessment' (callout 6), and a 'Depression Plan' section (callout 7). The 'Depression Plan' section has a checked 'Suicide risk assessment' checkbox and several unchecked options: 'Referral to a practitioner who is qualified to diagnose and treat depression', 'Pharmacological interventions', 'Other interventions or follow-up for the diagnosis or treatment of depression', and 'Patient declined treatment'. A 'Comments' field is also present in the plan section. A pink callout box indicates a score of 3, 'Positive' depression severity, and a 'Yes' plan needed? status. 'CANCEL' and 'SUBMIT' buttons are at the bottom.

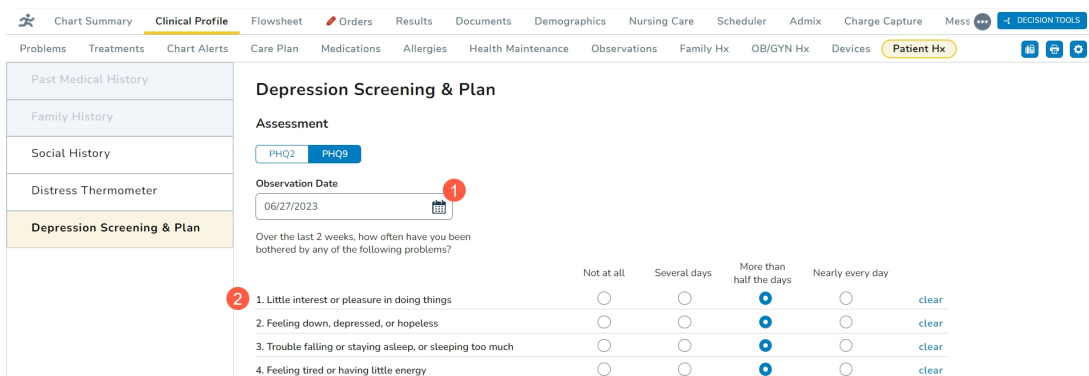
10. Previous entries will appear under the **Past Assessments & Plans** section (callout 8).
11. Under this section, you may view the date, score, plan, comments, and more of previous entries.
12. Any entry marked with a pink color indicates a high score (callout 9).
13. Clicking the **Edit** button (callout 10) allows you to adjust the answer of previous entries if corrections are needed.
14. In a future release, the **Past Assessments & Plans** section will include an audit history with complete details regarding changes made to the assessments and plans, such as what sections were updated, what information was added/updated, and by whom.



PHQ-9

To complete this questionnaire:

1. Select an **Observation Date** using the calendar widget (callout 1). You may select a past date or today’s date, but you cannot select a future date.
2. Begin selecting answers for whether the patient has been bothered with the listed problems over the last two weeks (callout 2).



3. Notice that the score box automatically begins calculating a score based on your selections.
4. Depending on your answers, the score box will calculate a final score (callout 3). Any score of 15 or greater indicates moderately severe or severe depression.
5. You may enter any **Comments** for this patient’s screening (callout 4).
6. If the patient declines the screening, check the box next to the declination statement (callout 5).

The screenshot shows the 'Clinical Profile' section of the iKnowMed interface. The 'Patient Hx' tab is active. A question is displayed: '10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?'. The response options are radio buttons: 'Not at all difficult', 'Somewhat difficult', 'Very difficult', and 'Extremely difficult'. The 'Very difficult' option is selected. Below the question is a 'Comments' section with a text input field and a 'clear' button. A 'Patient declined to complete assessment' checkbox is also present. A summary card below the question shows a score of '15 PHQ9 score', a 'High Priority Depression Severity' status, and a 'Yes Plan needed?' prompt. Callouts 3, 4, and 5 are placed on the interface to highlight specific features.

7. Use the **Depression Plan** section (callout 6) to capture the next steps and comments on to move forward with treating the patient, if needed.
 1. A plan can still be captured even if the patient declines the screening.
8. Submit the screening once it's complete.
 1. Any selection other than **not at all** under question 9 for suicide and self-harm will result in a high score. Upon submission, the system will display a notification that action must be taken before the patient leaves the practice.
 2. Also, any screening with a score of 15 or greater will require a plan of action. If a screening with a high score is submitted without a plan, the system will display a notification that a plan must be completed.
9. Previous entries will appear under the **Past Assessments & Plans** section (callout 7).
10. Under this section, you may view the date, score, plan, comments, and more of previous entries.
11. Any entry marked with a pink color indicates a high score (callout 8).
12. Clicking the Edit button (callout 9) allows you to adjust the answer of previous entries if corrections are needed.
13. In a future release, the **Past Assessments & Plans** section will include an audit history with complete details regarding changes made to the assessments and plans, such as what sections were updated, what information was added/updated, and by whom.

Chart Summary **Clinical Profile** Flowsheet Orders Results Documents Demographics Nursing Care Scheduler Admix Charge Capture Messages DECISION TOOLS

Problems Treatments Chart Alerts Care Plan Medications Allergies Health Maintenance Observations Family Hx OB/GYN Hx Devices **Patient Hx**

Patient declined to complete assessment

6 Depression Plan clear

Suicide risk assessment
 Referral to a practitioner who is qualified to diagnose and treat depression
 Pharmacological interventions
 Other interventions or follow-up for the diagnosis or treatment of depression
 Patient declined treatment

Comments clear

CANCEL SUBMIT

7 Past Assessments & Plans

Date	Score	Comments	Plan	Plan Comments	Source	Last updated
06/27/2023	19/27 8		Suicide risk assessment. Referral to a practitioner who is qualified to diagnose and treat depression		Practice user	06/27/2023 by Aishley Depp 8:05 AM 9 EDIT