

Raising the Bar:

Improving Depression Screening and Follow-Up Rates at School Sites

*Aliados Health
Promising Practice*

PROMISING PRACTICE OVERVIEW

After experiencing a decline in Depression Screening and Follow-up rates, West County Health Centers set out to improve and sustain their rate. West County Health Center conducted an in-depth analysis to identify the reason behind their low performance. The analysis revealed that their school sites had the lowest rates compared to their primary care sites. To increase depression screening and follow-up rates at school sites, West County Health Centers hired a new program lead to oversee the measure at school sites. In addition, West County Health Centers enhanced patient outreach through text messaging and developed a Care Gap Monitoring Dashboard to improve compliance. By the end of 2024, West County Health Centers more than tripled their compliance rate, reaching 64.7% by the end of 2024. This substantial rise in compliance reflects the effectiveness and positive impact of their data-driven interventions.

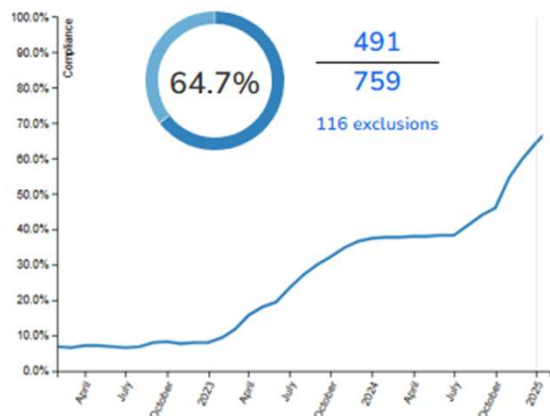
AIM

To improve the number of patients aged 12 and older who receive follow-up care within 30 days after a positive depression screening at West County Health Center's school sites.

MEASURES

Percent of patients aged 12 years and older screened for depression on the date of the encounter or 14 days prior to the encounter (one eligible qualifying encounter during the measurement period) using an age-appropriate, standardized depression screening tool and, if screening was positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter

RESULTS TO DATE



LESSONS LEARNED

Progress reporting can be improved by providing staff with the exact number of patients needed to meet a measure goal, making targets more tangible and actionable instead of using percentages.

ACTIONS TAKEN

Measure Analysis: The Director of Quality Improvement at West County Health Centers actively meets with primary care site management teams and develops two-page quality summary that includes:

- ✓ Measure Results
- ✓ A section dedicated to sustaining performance
- ✓ Measure highlights
- ✓ A table highlighting the number of patients needed to meet a measure goal

West County Health Centers also conducted a thorough analysis of the Depression Screening and Follow-Up measure to identify any issues occurring within a specific site or a particular provider. Through both the Quality Summaries and the in-depth measure analysis, West County Health Centers tracked the performance issue to their school sites.

Steps Taken to Increasing Measure Compliance at School Sites:

A new program lead was hired to monitor care gaps at the school sites. This includes:

- Reviewing the previous day's visit schedule to confirm all follow-up actions are addressed.
- Noting any trends, opportunities for staff retraining.
- Schedule review for upcoming appointments to ensure staff members are aware which patients are due.
- Diligent focus on depression screening and follow up.
- Communication on rates at Youth Services staff meetings.

Updated the Youth Services Annual Registration Form to Include:

- Depression, Cage Screenings, and Sexual Health Questions
- The registration form is available both electronically and on paper.
- Students are required to complete their registration forms before getting access to a provider.
- Tested mass texting Youth Services patients the form to complete.

Dedicated Time For Adolescent Screening Visits

- In collaboration with school sites, West County Health Center developed "Adolescent Screening Visits," which allocate time for students to visit the health clinic during class time to complete their screenings.

Developed a Care Gap Monitoring Dashboard:

- West County Health Centers developed a dashboard to monitor care gap completion during visits.
- Gaps that display are ones that a staff member is responsible for closing during a visit and are separated by role (Front Office, MA, RN)
- Includes the ability to filter by date range, site, appt provider and visit type.
- MA Supervisors across all sites are required to review this dashboard monthly as part of their Quality Watch to identify trends, staff retraining opportunities and communicating their findings to the Clinical Operations Manager.

Care Gap Monitor

Edit mode Run

Role: Medical Assistants Visit Start Date: 01/01/2025 Visit End Date: 01/31/2025 Time Window to Resolve Care Gap after Visit (e.g., "7 days" is 7 days after visit date): 7 Days Care Gap: All Location: Russian River Health Center Appointment Provider: All Visit Types: All

Care Gap Monitor - Resolved Care Gaps: Horizontal Bar Charts w/Heat and Label

