IMPACT
Fidelity Scale

Evidence-based Depression Care Practices	We do this with… (Circle One)				
	All Depressed Patients	Most Depressed Patients	Some Depressed Patients	No Depressed Patients	Don't Know
SETTING, STAFFING & SUPERVISION (Collaborative Care)					
Designated staff (care manager) to support depression treatment.	1	2	3	4	5
Care manager participates in regularly scheduled, ongoing (e.g. weekly) caseload supervision with a psychiatrist who makes treatment recommendations for patients who are not improving.	1	2	3	4	5
Consulting psychiatrist available by phone or in-person for ad hoc consultation to care manager and primary care providers.	1	2	3	4	5
Consulting psychiatrist available to evaluate patient and make treatment recommendations, if needed.	1	2	3	4	5
PATIENT EDUCATION					
Education about depression and treatment options provided to patients.	1	2	3	4	5
TREATMENT PLANNING & DELIVERY					
Treatments used are consistent with evidence-based treatment guidelines for depression.	1	2	3	4	5
Primary care provider makes or confirms diagnosis of depression, prescribes antidepressant medication and makes changes in treatment in consultation with care manager and/or consulting psychiatrist if patient is not improving.	1	2	3	4	5
Patients receive follow-up by phone or in-person within two weeks of starting new medication or changing medication to evaluate for adherence and side effects.	1	2	3	4	5
Patients receive proactive assistance with management of side effects.	1	2	3	4	5
Activity scheduling (behavioral activation) provided by care manager as part of treatment.	1	2	3	4	5
Evidence-based counseling (such as Problem-Solving Treatment) offered, either as a primary treatment or adjunct to medication therapy.	1	2	3	4	5
Referral to mental health or substance abuse specialty care, if needed.	1	2	3	4	5

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TRACKING TREATMENT OUTCOMES					
In-person or phone follow-up at least once every two weeks during the active phase of treatment to monitor response to treatment.	1	2	3	4	5
In-person or phone follow-up at least once a month during the maintenance phase of treatment.	1	2	3	4	5
Use of phone to reach patients who cannot make clinic appointments.	1	2	3	4	5
Depressive symptoms monitored at each contact with a rating scale (e.g. PHQ-9) that quantifies treatment response.	1	2	3	4	5
Staff and providers use a registry or other tracking system to follow patients and insure that they don't fall through the cracks.	1	2	3	4	5
TREATMENT BASED ON OUTCOMES (Stepped Care)					
All treatment plans have a 'shelf life' of no more than 10 weeks (12 weeks for older adults). If the patient is not at least 50% improved at the end of 10 weeks, the treatment plan is changed (increased dose, medication change, add counseling, psychiatric consultation, etc).	1	2	3	4	5
RELAPSE PREVENTION					
Patients who are in remission complete a relapse prevention plan that is communicated to their primary care provider.	1	2	3	4	5