

IMPACT

Implementation Planning

| Evidence-based Depression Care Practices | CIRCLE ONE | | | | |
|---|-------------------|---|---|---|-------------------|
| | Fully Established | | | | Not Yet Developed |
| CASE IDENTIFICATION | | | | | |
| Screening with PHQ-2/PHQ-9 or similar instrument to detect depression. | 5 | 4 | 3 | 2 | 1 |
| Positive screens receive follow-up diagnosis. | 5 | 4 | 3 | 2 | 1 |
| SETTING, STAFFING & SUPERVISION | | | | | |
| Designated staff (e.g. care managers) to support depression treatment. | 5 | 4 | 3 | 2 | 1 |
| Care managers participate in regularly scheduled, ongoing caseload supervision with a psychiatrist. | 5 | 4 | 3 | 2 | 1 |
| Primary care staff and providers have access to a consulting psychiatrist who can assist with patients who are not improving as expected. | 5 | 4 | 3 | 2 | 1 |
| PATIENT EDUCATION | | | | | |
| Education about depression and treatment options provided to patients/consumers. | 5 | 4 | 3 | 2 | 1 |
| TREATMENT PLANNING & DELIVERY | | | | | |
| Patients/consumers participate in selection of treatment(s). | 5 | 4 | 3 | 2 | 1 |
| Patients/consumers receive follow-up by phone or in-person within one week of starting new medication to assess for side effects. | 5 | 4 | 3 | 2 | 1 |
| Patients/consumers receive proactive assistance with management of side effects. | 5 | 4 | 3 | 2 | 1 |
| Behavioral activation or pleasant events scheduling provided as part of treatment. | 5 | 4 | 3 | 2 | 1 |
| Evidence-based counseling (such as Problem-Solving Treatment) offered, either as a primary treatment or adjunct to medication therapy. | 5 | 4 | 3 | 2 | 1 |

OVER

IMPACT

Implementation Planning

| Fully Established | | | Not Yet Developed | | |
|---|---|---|-------------------|---|---|
| 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. | 5 | 4 | 3 | 2 | 1 |
| In-person or phone follow-up at least once a month during the maintenance phase of treatment. | 5 | 4 | 3 | 2 | 1 |
| Depressive symptoms monitored with a tool (e.g. PHQ-9) that quantifies treatment response. | 5 | 4 | 3 | 2 | 1 |
| Staff and providers use a registry or other tracking system to follow patients and insure that they don't fall through the cracks. | 5 | 4 | 3 | 2 | 1 |
| TREATMENT BASED ON OUTCOMES | | | | | |
| All treatment plans have a 'shelf life' of no more than 10 weeks (12 weeks for older adults). If the patient/consumer is not at least 50% improved at the end of 10 weeks, the treatment plan is changed (increased dose, difference medication, add counseling, psychiatric consultation, etc.). | 5 | 4 | 3 | 2 | 1 |
| RELAPSE PREVENTION | | | | | |
| Patients/consumers who are in remission complete a relapse prevention plan and receive a copy of it for future reference. | 5 | 4 | 3 | 2 | 1 |
| PAYMENT / BILLING | | | | | |
| We have a sustainable plan for payment/billing/reimbursement. | 5 | 4 | 3 | 2 | 1 |