



**Adolescent & Young Adult Behavioral Health  
Collaborative Innovation & Improvement Network  
(AYA-BH CoIIN)**

**Quality Improvement Learning Collaborative  
*Addressing Adolescent & Young Adult Depression in  
Primary Care***

Cohort One: January 2020-March 2020

**Data Handbook**



# Adolescent & Young Adult Behavioral Health Collaborative Innovation & Improvement Network (AYA-BH CoIIN)

## *Addressing Adolescent & Young Adult Depression in Primary Care*

Cohort One

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# National Improvement Partnership Network

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## Introduction

### Project Overview

The Adolescent and Young Adult Behavioral Health Collaborative Innovation and Improvement Network (AYA-BH CoIIN) is a collaboration between the [National Improvement Partnership Network](#) (NIPN) and the [Association of Maternal and Child Health Programs](#) (AMCHP) and is part of the Adolescent and Young Adult Health National Capacity Building Program. It is funded by the Maternal and Child Health Bureau. The goal of this cross-state initiative is to improve depression screening and follow-up care for adolescents and young adults (AYA). Depression is one of the most widely recognized AYA mental health disorders, with the USPSTF, the AAP (BF, 4th ed.) and the EPSDT Program recommending depression screening.

Practice-level change is crucial to increasing screening rates and providing follow-up care for AYA experiencing depression to promote optimal health and well-being. Therefore, NIPN is implementing a primary care-focused Quality Improvement (QI) intervention to strengthen office systems to implement screening at health supervision visits and support practices in developing procedures for follow-up care for depressed AYA. NIPN will support participants in the project with training in QI methodology and implementation of evidence-based strategies to increase depression screening rates and follow-up. Throughout the nine months of the project, practices will complete surveys about office systems and practice demographics, as well as submit baseline and monthly data on depression screening and follow-up care for AYA. The project timeline in [Appendix I](#) illustrates the distribution of different project elements. The NIPN QI team will provide resources and expertise through monthly Learning Collaborative webinars, monthly emails and practice reports, and ongoing support as needed.

### Data Handbook

This data handbook has been created for practices to have one centralized resource of all the data components of this project. The handbook contains print versions of all the data collection tools, as well as instructions for their completion and patient sampling.

### Data Roles

**NIPN Data Contacts:** The primary data contacts at NIPN are [Jennifer Le](#), [Susan Richardson](#), and [Rachel Wallace-Brodeur](#). Jen is an Outreach Specialist, who coordinates distribution of data tools and tracks their completion. All the data links and monthly feedback reports will come from her email. Susan is the project data manager. She is responsible for data analysis and the construction of the monthly practice reports. Rachel is the project Quality Improvement Coach. She is responsible for helping you to interpret your report and providing the coaching support in the monthly practice reports.

Any questions about data can be directed to Jen or Susan. Questions specific to quality improvement support can be directed to Rachel.

**Practice Data Liaison:** Due to limitations in REDCap and to maintain data integrity, only one person per site may be designated to receive links for data submission. Each participating site will designate one person to serve as the practice’s Data Liaison. This person will be the primary contact and liaison for all project data requests. The Data Liaison will be the only person at the practice who will receive data links for the project and will enter or facilitate entry of all practice data. Other team members will be made aware of data requests and deadlines through the project listserv.

The Data Liaison does not have to be the sole person to enter data into REDCap.

The Data Liaison will be responsible for ensuring that data is entered according to the Project Timeline (see [Appendix I](#)).

## Project Measures

### QI Project Aim

The overall aim of this QI project is to measurably increase the proportion of adolescents and young adults who are screened for depression at their annual well visit and who have documentation of a follow-up plan if the screen is positive.

### Project Measures

There are 3 measures that will be used to track progress on depression screening and follow-up for AYA. The measures are a mix of process, outcome, and balancing measures. A more in-depth definition of each measure can be found in [Appendix II](#).

1. *Screens for Depression (process measure)*

Proportion of adolescents and young adults 12 through 25 years of age seen for a health supervision visit during the project period who are screened for depression using an age-appropriate validated screening tool.

2. *Documentation of a follow up plan (process measure)*

Proportion of adolescents and young adults 12 through 25 years of age who screen positive for depression using an age appropriate valid tool at their health supervision visit and have a documented follow up plan for their depression.

3. *Impact on staff (balancing measure)*

Does the time and effort required to implement office systems interventions benefit staff in planning, scheduling, and conducting visits that include screening for depression using a validated tool?

## Data Collection System

### REDCap

All project data and surveys are submitted electronically through REDCap, an online encrypted data collection system. The REDCap system for this project is housed at the Larner College of Medicine at the University of Vermont. Data is downloaded for analysis and reporting by NIPN staff, housed at the University of Vermont. **No protected health information (PHI) is submitted.** All practices are assigned a unique identifier, so that data can be properly attributed to and summarized for your practice site. This project has been determined to be “Not Research” the University of Vermont Institutional Review Board.

### Accessing REDCap

Practices access REDCap through monthly hyperlinks sent via email from Jen Le. Practices need to ensure their firewall allows emails with hyperlinks in the body of the email and that Jen’s address is not blocked by their system. **Each hyperlink will provide access to a “Survey Queue”.** In the Survey Queue, each practice will see a list of surveys and data entry forms that are available to be filled out and submitted.

[Close survey queue](#)

**Survey Queue** [Get link to my survey queue](#)

Thank you again for participating in this nationwide quality improvement project to address adolescent youth and young adult depression in primary care.

Below you will see a list of measures that are available for you to complete.

As you complete a set of measures, more measures will appear. For example, once you enter your PDSA log and complete your Patient Record Form for Month 1, the PDSA log and Patient Record Forms for Month 2 will become available.

You can also click on the button "Get link to my survey queue" to save a direct web link to your practice's queue. Save your link to a secure location-anyone with this link could enter data for your practice. You will also continue to receive email reminders for when to enter data each month.

Questions?

Please reach out to [Jennifer Le](#) 1-802-656-9195

Status	Survey Title
<a href="#">Begin survey</a>	<b>Office Systems Inventory</b> – Pre Clinic Inventories
<a href="#">Begin survey</a>	<b>Clinic Demographics</b> – Pre Clinic Inventories
<a href="#">Begin survey</a>	<b>Patient Record Form</b> – Baseline: 1/1/20 - 1/31/20 – #1

Each month, a reminder email will be sent out with a link to the Survey Queue with a reminder of the survey tools to be filled out that month.

**Note:** While the REDCap email says the link “should not be forwarded to others”, you may forward it to others within your practices. The link should not be sent outside of your practice. Anyone with this link will have the ability to enter data and see data that you have entered.

## Navigating within REDCap

Each survey or data collection form contain the series of questions that you will answer. There are three main types of questions:

- Text boxes: Enter a typed response as required.



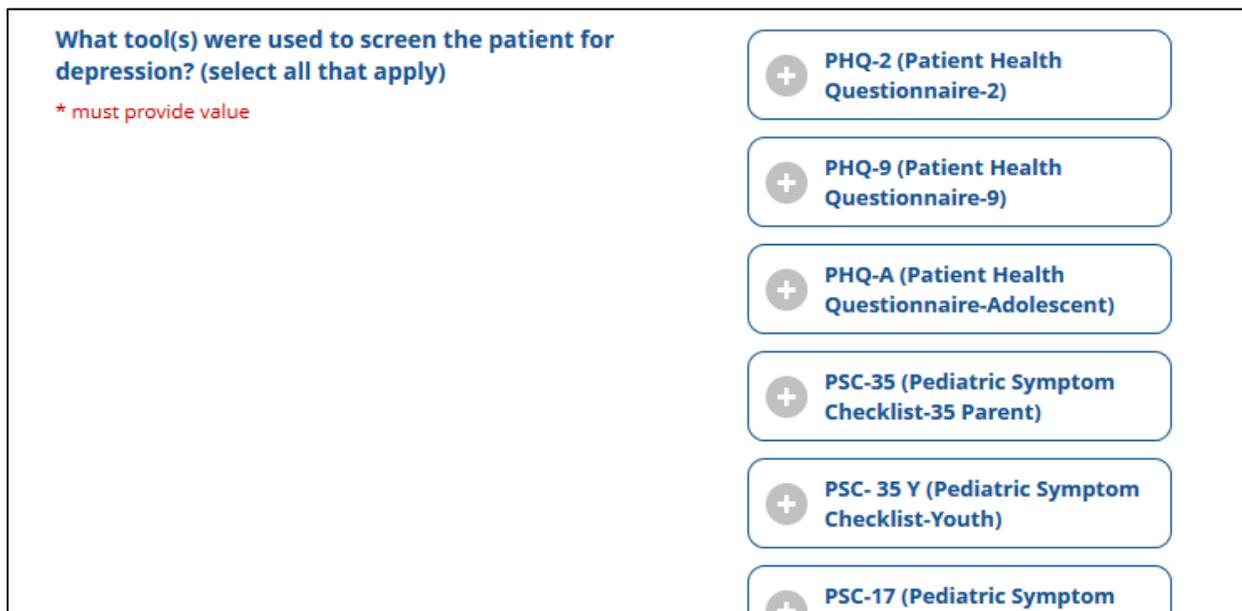
A screenshot of a text box question. The label is "Patient Age at Health Supervision Visit:" followed by an empty text input field.

- Radio buttons: Select one option from a list of options.



A screenshot of a radio button question. The label is "Was the patient assessed for depression at this visit?". There are two radio button options: "Yes" and "No". A "reset" link is visible in the bottom right corner.

- Check boxes: Select as many options as apply.



A screenshot of a check box question. The label is "What tool(s) were used to screen the patient for depression? (select all that apply)". Below the label is a red asterisk and the text "\* must provide value". There are six check box options listed vertically: "PHQ-2 (Patient Health Questionnaire-2)", "PHQ-9 (Patient Health Questionnaire-9)", "PHQ-A (Patient Health Questionnaire-Adolescent)", "PSC-35 (Pediatric Symptom Checklist-35 Parent)", "PSC- 35 Y (Pediatric Symptom Checklist-Youth)", and "PSC-17 (Pediatric Symptom Checklist-17)".

When applicable, the “Select One” or “Select Many” items have been designed to give ample choices to choose from. Often, there is also an “other” selection. If you select “other, a text box will appear for you to type in your response.

In each survey or data collection form, there are fields that must be entered, denoted with a red asterisk (\*). You will not be able to submit your survey or data collection form if any of the fields marked as required are left blank or contain an invalid value. All required fields on a page must be completed before moving on. In multipage surveys, once you have moved to a new page you can navigate to previous pages to edit or change responses. Once you have completed the survey or data collection form, be sure to click “Submit” to ensure the data is saved and marked as complete by REDCap.

The Patient Record Form has been designed as a repeatable form. For each patient, you will complete one form.

When you reach the end of the Patient Record Form, you will be asked if this is the last patient you have to enter. If it is your last patient, select “Yes,” then click the “Submit” button. If you have another patient to enter, select “No,” and click the “Enter Another Patient Record” button. If you have more records to enter, but you aren’t ready to enter them yet, you can choose “Submit” as long as you have completed the current record, and use the Survey Queue to enter more patients at a later date.

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*WARNING: If you have entered data or responses into REDCap, be sure to click either the “Save & Return Later” or “Submit” button before closing your browser so that your data is saved. Failure to do so will result in a loss of all the data entered.*

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<p>This entry is <b>Patient 1</b>.</p> <p>Is this the last patient you have to enter for <b>Baseline: 1/1/20 - 1/31/20?</b></p> <p>Please remember that the goal is to review the records of 10 patients aged 12-25 who have had a health supervision visit at your practice during the review month.</p> <p><small>* must provide value</small></p> <p style="text-align: right;"><small>reset</small></p>	<p style="text-align: center;">Submit and</p> <p style="text-align: center;"> Enter Another Patient Record</p> <p style="text-align: center;">- or -</p> <p style="text-align: center;">Submit</p> <p style="text-align: center;">Save &amp; Return Later</p>
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## How to re-access REDCap

If you cannot complete a survey or enter all patient data in a Patient Record Form, it is possible to save and return later to finish. If you select “Save & Return Later”, you will receive a Return Code.

The Return Code is a unique identifier that allows you to return to the data tool to complete or modify responses. If you try to re-access a data tool in

REDCap **without** a Return Code, all previously entered responses **will be deleted** requiring all data to be reentered. Use the **REDCap Return Code Tracking Log** to save the Return Code in one location ([Appendix III](#)). If you misplace your Return Code, email [Jen](#) and she will be able to retrieve your code.

To return survey or form using a Return Code, reselect the uncompleted survey and then enter your Return Code.

For the Patient Record Form, you may complete some of the patient records, but not all ten. In this case, select “Submit”, and from the Survey Queue at a later time, you may enter another patient record. In the example below, the Patient Record Form for Baseline: 1/1/20-1/31/20 is marked “Completed”, but only one Patient Record Form was entered and submitted. To enter another, click the “Enter Another Patient Record” button.

 Completed	Patient Record Form – Baseline: 1/1/20 - 1/31/20 – #1: Baseline: 1/1/20 - 1/31/20	<input type="button" value="Edit response"/>
		<input type="button" value="+ Enter Another Patient Record"/>

### Your survey responses were saved!

You have chosen to stop the survey for now and return at a later time to complete it. To return to this survey, you will need both the *survey link* and your *return code*. See the instructions below.

**1.) Return Code**  
 A return code is **\*required\*** in order to continue the survey where you left off. Please write down the value listed below.

Return Code

\* The return code will NOT be included in the email below.

**2.) Survey link for returning**  
 You may bookmark this page to return to the survey, OR you can have the survey link emailed to you by providing your email address below. For security purposes, **the return code will NOT be included in the email**. If you do not receive the email soon afterward, please check your Junk Email folder.

\* Your email address will not be stored

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Or if you wish, you may continue with this survey again now.

## Data Collection Tools

### Data Tool Overview

There are two types of data for this project: clinical patient data and practice surveys. All data are completed for the site as a whole, i.e. individuals within a site do not submit their own data rather the site submits data that counts towards all individuals who are participating in the project at that site.

The seven data tools listed below are used to collect all the patient and survey data associated with the project.

1. [Office Systems Inventory](#) (survey)
2. [Clinic Demographics](#) (survey)
3. [COVID Impact Survey](#) (survey)
4. [PDSA Log](#) (survey)
5. [Patient Record Form](#) (patient data)
6. [Staff Impact Survey](#) (survey)

Completion of all these data elements is required for individuals seeking project credit for professional certification. The project timeline ([Appendix I](#)) illustrates the distribution of these tools within the project.

### Practice Surveys

Sites enrolled in this project will complete four surveys: the Office Systems Inventory, the Staff Impact Survey, the COVID Impact Survey, and the monthly PDSA Log. These surveys are meant to capture the opinions and experiences of the site, not an individual participant. Thus we ask that all project participants at a site work together to complete all project surveys.

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*Tip: Surveys are intended to capture the opinions of all the practice team members. We recommend printing a paper version of the surveys (see appendices), completing them as a group, and then transferring the team's responses into REDCap.*

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#### Office Systems Inventory and Clinic Demographics

The purpose of the Office Systems Inventory ([Appendix IV](#)) is to capture practices' current systems screening AYA for depression and their current follow-up and referral systems. This survey will be completed twice, once at the beginning of the project and once again at the end of the project. This survey should be completed by the whole practice team so it best reflects the experiences of the team rather than a single individual. In addition to serving as an inventory of the practice's current systems, it can also serve as a resource of strategies that the practice may choose to implement to optimize AYA depression screening and follow-up and referral systems.

The Clinic Demographics survey ([Appendix IV](#)) is completed once at the beginning of the project. This survey describes the patient panel of your practice and staffing at your practice.

### **COVID Impact Survey**

The purpose of the COVID Impact Survey ([Appendix V](#)) is to measure the impact that the COVID-19 pandemic has on practices participating in this project. It includes items about the impact severity on the practice as a result of the pandemic, stressors experienced by the practice as a result of the pandemic, and where practices receive information regarding the pandemic. It also contains items about care delivery to adolescents and young adults during the pandemic including what care is being delivered, the mode of delivery, whether payments are being received for telehealth visits, and visit content. This survey is administered at the beginning, middle and end of the project.

### **Staff Impact Survey**

The staff impact survey is a short, six-question survey that evaluates whether the time and effort required to implement the office systems interventions benefit staff in planning, scheduling, and conducting screening of AYA at health supervision visits ([Appendix VI](#)). This survey will be distributed at the end of the project.

### **Monthly PDSA Log**

At the heart of the Model for Improvement is the Plan-Do-Study-Act (PDSA) cycle, which allows for rapid, effective testing of change: planning the change, trying it, observing the results, and acting on what is learned. Through the PDSA Log ([Appendix VII](#)), practices will document the strategies they are testing and lessons learned from those tests. The PDSA Log is meant to facilitate discussion and guide practice teams in their quality improvement work.

## **Patient Data**

Sites will submit patient data monthly in order to determine AYA depression screening rates and follow-up plans of care for AYA who screen positive for depression.

### **Patient Record Form**

The purpose of the monthly patient chart review ([Appendix VIII](#)) is to assess the practice's progress on increasing depression screening rates for AYA and increasing the proportion of patients who have a follow-up plan of care following a positive depression screen. All practices will use their EMR or paper charts to obtain this data as visit-level information is required. Monthly chart audits will be conducted for nine months: three months of baseline (January -

March 2020) and for six months during the intervention phase (April-September 2020). The inclusion and exclusion criteria for the monthly chart review are described below.

### **Inclusion criteria for the monthly chart audit**

- 12-25 years old (up to the 26<sup>th</sup> birthday), seen for a health supervision visit in the measurement period.

Health supervision visits include:

- Annual well check
- Sports physical
- New patient visit
- Travel visit

For practices not conducting AYA health supervision visits during a measurement period due to the COVID-19 pandemic, the visit type inclusion criteria may be expanded to include any visit type where AYA receive care. If your practice did not conduct any visits for AYA during the measurement period due to COVID-19, please contact [Rachel](#) for additional guidance.

### **Exclusion criteria for the monthly chart audit**

- Patients with an active diagnosis of depression prior to any encounter during the measurement period.
- Patients with an active diagnosis of bipolar disorder prior to any encounter during the measurement period.

### **Exceptions**

- Patients who refuse to participate.
- Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status.
- Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium

In the monthly chart review data tool, we have one item to ascertain if the patient meets the exclusion criteria. If a patient meets any of the exception criteria, please note the criteria in the comment box at the end of the form.

### **Sampling Strategy**

For each measurement period, practices will review a maximum of 10 patient charts. Each month, practices will have access to the Patient Record Form in their REDCap Survey Queue for

the current (and previous) months. Each month, a link to the Survey Queue will also be sent to the practice Data Liaison.

Practices will use a systematic sampling process to identify patients to review for each measurement period.

To select charts for review, generate a patient list of all eligible adolescents and young adults by listing patients who received a health supervision visit in the measurement period. If you are unable to generate a list of at least 10 patients who received health supervision visits during the measurement period, generate a second list containing adolescent and young adult patients who had visits of any type with your practice and who did not have health supervision visits during the measurement period. In other words, patients appearing in the health supervision list should not appear in the list of patients with other visit types. The instructions below describe how to sample patients for practices that: 1) had 10 or more health supervision visits, 2) had less than 10 health supervisions visits, or 3) had no health supervision visits, but did see AYA for other types of visits.

When creating your list(s)

1. Order the patients by visit date, starting with the first visit in the measurement period.
2. Number the patients sequentially beginning with “1”.
3. Count the total number of patients in your generated list(s).

### *Using the Random Sequence Generator*

#### **If your practice had 10 or more patients with health supervision visits**

Visit the website <https://www.random.org/sequences/>. This website will generate a randomized sequence of numbers between your first patient and your last patient, and indicate which patients should be reviewed this month and entered into the REDCap data collection tool.

On the website, enter “1” as the “Smallest Value” and the total number of patients in your health supervision visit patient list as the “Largest Value.” Then, enter the value of 10 (as we want to select 10 charts) into the “Format in \_\_\_ column(s)” box.

## Random Sequence Generator

This form allows you to generate randomized sequences of integers. The randomness comes from atmospheric noise, which for many purposes is better than the pseudo-random number algorithms typically used in computer programs.

**Part 1: Sequence Boundaries**

Smallest value  (Limit -1,000,000,000) 1<sup>st</sup> Enter the number 1

Largest value  (Limit +1,000,000,000) 2<sup>nd</sup> Enter the highest sequence number

Format in  column(s) 3<sup>rd</sup> Enter the number "10"

The length of the sequence (the largest minus the smallest value plus 1) can be no greater than 10,000.

**Part 2: Go!**

Be patient! It may take a little while to generate your sequence...

4<sup>th</sup> Click "Get Sequence"

For example, consider a practice that extracts the patient MRN and visit date for all 632 eligible patients with health supervision visits between January 1, 2020 and January 31, 2020 (Baseline Data Collection 1). The MRN are then sorted by visit date and time, and then assigned each a sequential number starting at "1". If visit time is unavailable, sort patients by MRN within date.

Before Sort		After Sort		Add a Sequence Number		
MRN	Health Supervision Visit Date	MRN	Health Supervision Visit Date	MRN	Health Supervision Visit Date	Sequence
1111111	1/2/2020	1111111	1/2/2020	1111111	1/2/2020	1
2222222	1/5/2020	2222222	1/5/2020	2222222	1/5/2020	2
3333333	1/5/2020	3333333	1/5/2020	3333333	1/5/2020	3
4444444	1/12/2020	4444444	1/12/2020	4444444	1/12/2020	4
5555555	1/30/2020	7777777	1/12/2020	7777777	1/12/2020	5
6666666	1/14/2020	6666666	1/14/2020	6666666	1/14/2020	6
7777777	1/12/2020	9999999	1/16/2020	9999999	1/16/2020	7
8888888	1/22/2020	8888888	1/22/2020	8888888	1/22/2020	8
9999999	1/16/2020	5555555	1/30/2020	5555555	1/30/2020	9
...	...	...	...	...	...	
10101010	1/30/2020	10101010	1/30/2020	10101010	1/30/2020	632

In this example, we see there are 632 eligible patient records.

Using <https://www.random.org/sequences/>, enter "1" as the "Smallest Value" and "632" as the "Largest Value." Then, enter the value of 10 (as we want to select 10 charts) into the "Format in \_\_\_ column(s)" box

## Random Sequence Generator

This form allows you to generate randomized sequences of integers. The randomness comes from atmospheric noise, which for many purposes is better than the pseudo-random number algorithms typically used in computer programs.

**Part 1: Sequence Boundaries**

Smallest value  (limit -1,000,000,000) **1<sup>st</sup> Enter the number 1**

Largest value  (limit +1,000,000,000) **2<sup>nd</sup> Enter the highest sequence number**

Format in  column(s) **3<sup>rd</sup> Enter the number "10"**

The length of the sequence (the largest minus the smallest value plus 1) can be no greater than 10,000.

**Part 2: Go!**

Be patient! It may take a little while to generate your sequence...

**4<sup>th</sup> Click "Get Sequence"**

Click on the "Get Sequence Button", and wait for the screen to refresh.

The result is a randomized sequence of all whole numbers between (and including) 1 to 632. You will use the TOP LINE to find the numbers of ten patient charts to review. Use these numbers to match to the number sequence you applied to your patient list. In this example, the practice would review charts 476, 399, 9, 442, 295, 312, 365, 420, 55, and 536. These numbers refer to the assigned sequence number in the list, not to any patient identifier.

## Random Sequence Generator

Here is your sequence:

476	399	9	442	295	312	365	420	55	536
224	601	267	367	4	581	242	358	465	300
279	464	631	32	619	160	606	111	247	537
141	565	130	573	248	384	209	142	340	235
320	586	626	105	316	628	402	30	323	269
456	174	562	56	238	454	68	341	2	259
313	478	213	387	516	523	352	348	133	268
444	180	256	471	261	445	41	480	260	163
368	556	542	599	331	204	582	535	372	239
285	7	463	255	600	36	507	29	293	477
252	466	521	117	246	273	165	438	624	424
413	250	197	44	563	453	13	39	232	533
614	492	381	35	451	496	116	270	76	147
275	400	390	590	470	40	441	37	243	578
21	359	190	137	354	73	20	435	101	329
380	310	575	412	446	135	283	397	77	524

Use the FIRST line to choose patient records

### **If your practice had exactly 10 patients with health supervision visits**

Review all 10 patient charts for the measurement period. You do not need to use the Random Sequence Generator.

### **If your practice had between 1 and 9 patients with health supervision visits**

Review all of the patient charts with a health supervision visit. If your practice had adolescent and young adult visits other than health supervision visits, use that list of patients with other visit types with the Random Sequence Generator with the steps described above under "If your practice had 10 or more patients with health supervision visits" with the following exception: instead of entering the value of 10 (as we want to select 10 charts) into the "Format in \_\_\_ column(s)" box, enter 10 minus the number patients with a health supervision visit.

For example, consider a practice has 6 patients with health supervision visits and 59 patients with other visit types. The practice will review all 6 patients with health supervision visits. Using their list of 59 patients for other visits, ordered by date, they would visit <https://www.random.org/sequences/>, enter "1" as the "Smallest Value" and "59" as the "Largest Value." Then, enter the value of 4 (10-6 patients with health supervision visits) into the "Format in \_\_\_ column(s)" box. The result will be four columns, and the first row of data will be used to identify the sequence number of the records to be reviewed from the list of patients with other visit types.

If the list of adolescents with other visits is the less than or equal to 10-# of patients with health supervision visits, then review all patients with other visit. For example, if a practice has 6 patients with health supervision visits and 3 patients with other visits, review all 9 patients (10-6=4, and the number of patients with other visits is <=4). You will not need to use the Random Sequence Generator.

### **If your practice had no patients with health supervision visits but had 10 or more patients with other visits**

Use the list of patients with other visit types and the Random Sequence Generator with the steps described above under "If your practice had 10 or more patients with health supervision visits" to review 10 patient charts.

### **If your practice had no patients with health supervision visits but had 10 or fewer patients with other visits**

Review all of the patient charts with other visit types. You do not need to use the Random Sequence Generator

**If your practice had no patients with health supervision visits and no patients with other visits.**

Contact [Rachel](#) for additional guidance.

If you have difficulty with the Sampling Strategy (generating patient lists, sequencing, etc.) and are in need of further assistance, please contact [Susan](#) for additional assistance.

### **Chart Review Question Definitions**

The full data collection tool for the monthly chart review can be found in [Appendix VII](#). Most of the questions are self-explanatory. Guidance on how to answer a few of the question is below to help support data consistency between sites.

#### Health Supervision Visits

This project focuses on depression screening in the context of the health supervision visit. Eligible health supervision visits may include annual well visits, sports physicals, new patient visits, and/or travel visits.

In light of the COVID-19 pandemic and the impact it has had on care delivery, the project is expanding the visit context to include screening at other visits where adolescents and young adults receive care.

If you have a question about whether a particular visit is eligible, please email [Rachel](#).

#### Sex vs. Gender

Research has documented differences in depression screening and prevalence between women and men. For this reason, we are collecting data on patient sex. By sex, we are referring to patient's biological sex at birth.

- Please report the patient's biological sex assigned at birth.
- A response of "Undetermined" may be used if the patient is currently undergoing transition.
- A response of "Unknown" should be used if information on sex at birth is not in the patient record. This item is required.

We have also included an item on gender identity. Gender refers to the patient's concept of themselves, or their gender identity. A patient's gender identity may or may not match their biological sex assigned at birth.

- If data on patient gender identity is present in the chart, please select "Yes" if the patient's gender identity matches the sex they were assigned at birth" or

“No” if it does not. If data is not available, leave the item unanswered. This item is optional.

### Depression Assessment vs. Screening

The purpose of this QI project is to increase the rate of depression screening using a validated tool. Depression may be assessed more informally during a visit through perceptions of the clinician or practitioner, through volunteered responses of the patient, or in other ways. Depression is screened using a tool with specific items/questions that the patient or parent may answer that have been shown to reliably identify people who are depressed and may be in need of additional care. Tools undergo rigorous testing to ensure that the items have validity, that they can be used by the target population to assess their mood, and that they can be used in a clinical setting. Some practices may ask patients to complete a tool before arriving at the visit, or in the waiting room, or while rooming in. If the screening tool is administered for the purpose of review at the health supervision visit, consider it completed at that visit.

- If patient depression is informally assessed but the patient is not screened using a validated tool, select “Yes” for assessment and “No” for screened with a validated tool, and report your method of informal assessment.
- If a patient is screened using a validated tool, you will enter “Yes” for assessment and “Yes” for screened using a validated tool.
- For screens completed outside of the visit time (e.g., at home before arrival, in the waiting room) for the purpose of review at the health supervision visit, you will enter “Yes” for “Was the patient screened for depression using a validated tool at this visit?”

### Depression Tools

There are a variety of depression screening tools that have been validated and can be used in a clinical setting.

If a patient has been screened using a validated tool, you will see a list of possible tools that may have been completed for the visit. For some tools there is more than one version of the tool (most often, a long form and a short form). While our list is long, it may not include the tool you are using. If it does not, select “Other” and provide the name of the tool you are using.

- Select the name of the screening tool that was used at the visit. If you do not know the name of the tool, consult with your QI team and/or contact [Susan](#) or [Rachel](#) for additional guidance.
- If you use a tool not listed, please verify that the tool is a screening tool for depression (for example, the GAD is a screening tool for general anxiety disorder, not depression). If the tool is a validated depression screening tool, please select “Other” and report the name of the depression screening tool you used. If you have a question if the tool you use is a validated depression screening tool or not, contact [Susan](#) or [Rachel](#) for additional guidance.

### Result of the Depression Assessment or Screen

Different screening tools have different ways of reporting “positive” depression results. Some use word like “moderate” or “severe”, which others have scores like 15/18. Consult with your QI team to determine how, in your practice, you can identify a “positive” result.

### Assessment for Suicide Risk

This item will appear for every patient that is part of the chart review. Assessment for suicide risk may take many forms. Responses to this item consider both informal assessments and screening tools. Suicide risk assessment may be part of the depression screening tool used at your practice (consult your QI team if this is the case).

- Enter “Yes” if the patient is informally assessed for suicide risk or if the patient is screened using any tool that includes an item or items to assess suicide risk or assesses only suicide risk.
- If the depression screening tool you are using includes an item or items to assess suicide risk, enter “Yes”.

### Depression Care Plan (Follow-Up Care Plan)

For patients who have screened positive for depression or who have a current diagnosis of depression or bipolar disorder, you will select all of the follow-up care plans that may apply.

- If the plan of care includes referral, in-office counseling and/or in-office follow-up appointments, additional items will appear to collect more details on the referral/appointments.

### Recommendations to Improve Mood

This item will appear for every patient that is part of the chart review, and may happen for patients who are not depressed as a part of anticipatory guidance. Please answer this item for all patients.

## Virtual Toolkit

[http://www.med.uvm.edu/nipn/aya-bh\\_coiin\\_virtual\\_toolkit/home](http://www.med.uvm.edu/nipn/aya-bh_coiin_virtual_toolkit/home)



The Virtual Toolkit contains the most up-to-date information relating to the project with new information added regularly. PDF versions of all the data collection tools can be found at the Virtual Toolkit.

This site also contains project-specific materials, such as a project overview, and webinar recordings. Additionally, tools and resources are available on related

topics, QI methodology, informational materials for patients and parents, and resources on other adolescent and young adult health topics.

## Common Questions

**Question:** We have multiple providers at our practice, but only one is participating in the project. Do we pull patient charts for the whole practice or just for patients seen by the participating provider?

**Answer:** As part of this project, NIPN is asking practices to implement systems changes, thus it is preferred that the whole practice be involved and charts be pulled for the whole practice. However, if a provider is at a practice where other providers are unwilling to test or implement changes, then the provider may opt to just look at his/her patients for chart audit. This will allow the provider to see if the changes they are implementing are having an impact. Please contact [Rachel](#) if this strategy of chart review is adopted.

**Question:** I am doing my monthly chart audit and only saw 7 eligible patients for the measurement period. What do I do?

**Answer:** Due to impacts of the COVID-19 pandemic, the eligibility requirements have shifted to include adolescents and young adults at other visit types. However, we are still prioritizing reviewing charts at health supervision visits and then supplementing additional charts for other visit types to achieve 10 charts reviewed. In this question, if there are 7 adolescents and young adults with health supervision visits and additional adolescents who had other visits, you would review the 7 patients with health supervision visits plus an additional 3 charts of the patients at other visit types as described above in section “If your practice had between 1 and 9 patients with health supervision visits.” If there were only 7 adolescents and young adults seen at the practice in the entire month for any visit type, you would review all 7 patients.

**Question:** I collected our answers for the Office Systems Inventory, but as a group we missed an item in our meeting. Should I “Submit” or “Save and Return Later”.

**Answer:** You should “Save and Return Later”. In the Survey Queue, at a later time after getting the answer from the QI team, navigate to the form you did not complete and click “Edit Responses”. Enter the Survey Return Code when prompted, and continue with data entry.

**Question:** I have ten patients to enter this month, but I only have time to completely enter 5 right now. Should I “Submit” or should I “Save and Return Later”?

**Answer:** You should “Submit”. “Save and Return Later” should only be if the record you are entering is incomplete (e.g., you enter just half of the patient data for one patient).

In the Survey Queue, at a later time, navigate to the Patient Record Form for the month you are entering and select “Enter Another Patient”.

**Question:** I have a really complicated patient, it is difficult to decipher exactly what happened at the visit. Should I skip this patient and pick another?

**Answer:** No. Please either confer with your QI team and/or reach out to [Rachel](#) if you would like to talk through a particular patient by phone or web conference (no PHI in email, please).

## Appendices

### Appendix I: Cohort 1 Learning Collaborative Timeline



## Appendix II: NIPN Measure Definitions and Goals

### 1. Measure Name: Depression screen with validated tool

**Definition of Measure:** Proportion of adolescents and young adults 12 through 25 years of age seen for a health supervision visit during the project period who are screened for depression using an age appropriate validated screening tool.

**Type of Quality Measure:** Process measure.

**Improvement Target Value:** 80% of eligible adolescents and young adults.

**Calculation:**

**Target population:** All adolescents and young adults 12 through 25 years of age (up to 26<sup>th</sup> birthday).

**Numerator:** Number of adolescents and young adults 12 through 25 years of age (up to 26<sup>th</sup> birthday) who present for a health supervision visit who are screened for depression using a validated screening tool.

**Denominator:** Number of adolescents and young adults 12 through 25 years of age (up to 26<sup>th</sup> birthday) who present for a health supervision visit.

**Exclusions:** (1) Patient has an active diagnosis of depression prior to any encounter during the measurement period; (2) Patient has a diagnoses bipolar disorder prior to any encounter during the measurement period.

**Exceptions:** (1) Patient refuses to participate; (2) Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status; (3) Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium.

**Data Source:** Patient charts (paper or EMR).

**Collection Frequency:** Sample of 10 charts per month for 9 months entered online via REDCap link.

**Is the measure validated or endorsed?** Yes, based on NQF 0418.

- 2. Measure Name:** Documentation of a follow-up plan for depressed adolescents and young adults  
**Definition of Measure:** Proportion of adolescents and young adults 12 through 25 years of age who screen positive for depression using an age appropriate valid tool at their health supervision visit and have a documented follow up plan for their depression.

**Type of Quality Measure:** Process measure.

**Improvement Target Value:** 80% of adolescents and young adults who screen positive for depression using an age appropriate valid tool at their health supervision visit will have a documented follow-up plan of care for their depression.

**Calculation:**

**Target Population:** All adolescents and young adults 12 through 25 years of age (up to 26<sup>th</sup> birthday) who screen positive for depression using an age appropriate valid tool.

**Numerator:** Number of adolescents and young adults 12 through 25 years of age (up to 26<sup>th</sup> birthday) who screen positive for depression using an age appropriate valid tool and have a documented follow-up plan of care for their depression.

**Denominator:** Number of adolescents and young adults 12 through 25 years of age (up to 26<sup>th</sup> birthday) who screen positive for depression using an age appropriate valid tool

**Exclusions:** (1) Patient has an active diagnosis of depression prior to any encounter during the measurement period; (2) Patient has a diagnoses bipolar disorder prior to any encounter during the measurement period.

**Exceptions:** (1) Patient refuses to participate; (2) Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status; (3) Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium.

**Data Source:** Patient charts (paper or EMR) or immunization registry.

**Collection Frequency:** Sample of 10 charts per month for 9 months entered online via REDCap link.

**Is the measure validated or endorsed?** Yes, based on NQF 0418.

### 3. Measure Name: Impact on staff

**Definition of Measure:** Does the time and effort required to implement office systems interventions benefit staff in planning, scheduling, and conducting visits for adolescents who are due for health supervision visits.

**Type of Quality Measure:** Balancing measure.

**Improvement Target Value:** N/A.

**Calculation:** Likert scale score will be calculated from survey of participating practitioners at the endpoint of the project.

**Exclusions:** N/A.

**Data Source:** Practitioners, staff by survey.

**Collection Frequency:** Survey to be conducted at the endpoint of the intervention.

**Is the measure validated or endorsed?** No. We will not be using a validated survey instrument to measure satisfaction.

### Appendix III: REDCap Return Code Tracking Log

Each time you enter data into REDCap, you will be given a unique return code that will allow you to save an incomplete record and return later to complete **OR** to return to a completed record to change your response.

Please use the log below to track the return codes for each data entry tool so that you do not need to re-do data entry.

Project Period	Due Date	Survey/Form	REDCap Return Code
Pre-Intervention	3/6/20	Office Systems Inventory-Pre	
		Clinic Demographics	
	3/13/20	Patient Record Form Baseline 1: 1/1/20-1/31/20	
	3/25/20	Patient Record Form Baseline 2: 2/1/20-2/29/20	
	4/6/20	Patient Record Form Baseline 3: 3/1/20-3/31/20	
Intervention	9/8/2020	COVID Impact Survey	
	10/5/20	PDSA Log Month 1: 9/1/20-9/30/20	
		Patient Record Form Month 1: 9/1/20-9/30/20	
	11/5/20	PDSA Log Month 2: 10/1/20-10/31/20	
		Patient Record Form Month 2: 10/1/20-10/31/20	
	12/7/20	PDSA Log Month 3: 11/1/20-11/30/20	
		Patient Record Form Month 3: 11/1/20-11/30/20	
	12/15/20	COVID Impact Survey	
	1/5/21	PDSA Log Month 4: 12/1/20-12/31/20	
		Patient Record Form Month 4: 12/1/20-12/31/20	
	2/5/21	PDSA Log Month 5: 1/1/21-1/31/21	
		Patient Record Form Month 5: 1/1/21-1/31/21	
	3/5/21	PDSA Log Month 6: 2/1/22-2/28/20	
		Patient Record Form Month 6: 2/1/21-2/28/20	
End of Project	3/15/21	COVID Impact Survey	
	3/15/21	Office Systems Inventory-Post	
	3/15/21	Staff Impact Survey	
	3/15/21	Project Evaluation	

## Appendix IV: Office Systems Inventory and Clinic Demographics

# Office Systems Inventory

For the purpose of this inventory, "patient" specifically refers to adolescents and young adults (ages 12-25).

Use the following rating system to evaluate your practice:

1=We do this well; Substantial improvement is not currently needed.

2 =We do this to some extent; Improvement is needed.

3 = We do not do this well; Significant practice change is needed.

Practice: [participating\_prac\_arm\_1][practice\_name]

## Community Resources

	1 : We do this well; Substantial improvement is not currently needed.	2 : We do this to some extent; Improvement is needed.	3 : We do not do this well; Significant practice change is needed.
Practice has an up-to-date list of developmental-behavioral pediatricians, adolescent medicine specialists, community-based and school-based mental health and substance abuse professionals, youth recreational programs, and family and peer support programs and mental health care coordinators.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice team is knowledgeable about eligibility requirements, contact points, and services of the programs and providers listed above.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice team has collaborative relationships with school and community-based providers of key services for mental health concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**HealthCare Financing**

1 : We do this well;  
Substantial improvement is  
not currently needed.

2 : We do this to some  
extent; Improvement is  
needed.

3 : We do not do this well;  
Significant practice change is  
needed.

Primary care practice has coding  
and billing procedures to capture  
payment for primary care  
mental health-related services  
covered by major health plans,  
including screening.

### Support for Children and Families

	1 : We do this well; Substantial improvement is not currently needed.	2 : We do this to some extent; Improvement is needed.	3 : We do not do this well; Significant practice change is needed.
Practice staff has good "first contact" skills to help patients and families feel welcome and respected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice team is supportive of people facing mental health challenges, demonstrating sensitivity to cultural differences and avoiding stigmatizing language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice team promotes the importance of mental health through posters, practice Web sites, newsletters, handouts, or brochures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinicians promote the importance of wellness by incorporating conversations about mental health concerns into each appropriate office visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Support for Children and Families (continued)**

	1 : We do this well; Substantial improvement is not currently needed.	2 : We do this to some extent; Improvement is needed.	3 : We do not do this well; Significant practice change is needed.
Practice team assures patients and families of confidentiality in accordance with standard medical ethics and state and federal laws.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinicians actively elicit mental health concerns; assess patients' and families' readiness to address them; and engage patients and families in planning their own care at their own pace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice team fosters self- and family management (e.g., provides educational materials appropriate to literacy level and culture, articulates patients 's and family's role in care plan, stays abreast of online and print self-care resources).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice team is prepared to support families through referral assistance and advocacy in the referral process for mental health concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Support for Children and Families (continued)**

1 : We do this well;  
Substantial improvement is  
not currently needed.

2 : We do this to some  
extent; Improvement is  
needed.

3 : We do not do this well;  
Significant practice change is  
needed.

Practice team is prepared to address mental health concerns of special populations within the practice (e.g., those in foster care, those in the juvenile justice system, those whose families have experienced disasters, those with parents deployed in military service, lesbian/gay/bisexual/transgender/questioning youth).

Practice team periodically assesses the family-centeredness of the practice through patient or family feedback.

Practice team periodically assesses the quality of care provided to adolescents and young adults with mental health concerns and takes action to improve care, in accordance with findings.

### Clinical Information Systems / Care Coordination / Delivery System Redesign

1 : We do this well;  
Substantial improvement is  
not currently needed.

2 : We do this to some  
extent; Improvement is  
needed.

3 : We do not do this well;  
Significant practice change is  
needed.

Clinicians routinely use psychosocial history and validated screening tools at preventive visits and other appropriate visits to elicit concerns and to identify strengths around mental health.

Recall and reminder systems are in place to identify missed appointments and ensure patients with mental health concerns (including those not ready to take action) receive appropriate follow-up and routine health supervision services.

Practice has a system for monitoring medication efficacy, adverse effects, adherence, and renewals.

Practice has a crisis plan in place for the handling of mental health emergencies including suicidality.

**Clinical Information Systems / Care Coordination / Delivery System Redesign (continued)**1 : We do this well;  
Substantial improvement is  
not currently needed.2 : We do this to some  
extent; Improvement is  
needed.3 : We do not do this well;  
Significant practice change is  
needed.

Practice has office procedures to support collaboration (e.g., routines for requesting parental consent to exchange information with specialists and schools, fax-back forms for specialist feedback, psychosocial history accompanying foster children).

Practice has systems in place and staff roles assigned to monitor patients' progress related to mental health concerns (e.g., check on referral completion, periodic telephone contact with family, communications to and from specialist, therapist/counselor, school and/or substance abuse treatment providers).

Practice includes youth, family, school, agency personnel, and any involved specialist(s) in developing a comprehensive plan of care, including definition of respective roles for patients with mental health concerns.

Practice team is interested in collaborative approaches and has explored options such as co-located mental health specialists, child psychiatry consultation network, or telepsychiatry to fill service gaps and enhance quality.

**Decision Support for Clinicians**

1 : We do this well;  
Substantial improvement is  
not currently needed.

2 : We do this to some  
extent; Improvement is  
needed.

3 : We do not do this well;  
Significant practice change is  
needed.

Clinicians have access to reliable, current sources of information concerning diagnostic classification of mental health problems and evidence about safety and efficacy of treatment options for common mental health disorders.

Practice has tools and protocols in place to guide assessment and care and to foster self-management of patients with mental health concerns.

Clinicians have access to a psychiatrist or other appropriate specialist with expertise in adolescents or young adults for consultation and guidance in assessment and management of their patients' mental health concerns.

**Mental Health Co-Location or Integration**

Select which category best describes your practice's collaboration with mental health.

- Coordinated: Mental health and primary care in separate facilities.
- Co-located: Mental health and primary care in the same space or facility with some sharing of information
- Integrated: Mental Health and primary care are col-located and function as one integrated system with integrated funding, consistent communication, and one shared plan of care for patients.
- No practice collaboration with mental health

What types of co-located or integrated clinician(s) does your practice have? Check all that apply.

- Psychiatrist
- Psychologist
- Social Worker
- Licensed Clinical Mental Health Counselor
- Other

Please specify the other provider type(s).

\_\_\_\_\_

Who funds the Mental Health position(s) that are co-located or integrated in your practice?

- Medicaid or 3rd party insurance via outpatient Fee-For-Service
- Partnership with local Community Mental Health Agency
- Government grant funding (SAMHSA, HRSA, etc.) Please specify in comments
- Foundation or private grant
- I don't know
- Other

Please specify the other funding source(s).

\_\_\_\_\_

If your practice does not have collaboration with mental health, please describe why not:

\_\_\_\_\_

### Does your practice have established relationships with any of the following local resources for REFERRALS

	Yes	No	No, but would like to develop
Private mental health provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use treatment provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Mental Health Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School MH/SUD resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentoring program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Where does your practice currently refer patients for Child Psychiatry evaluations? Check all that apply.

- On site
- Community Mental Health Agency
- Academic medical center
- Private psychiatrist
- Other
- Practice does not currently refer to Child Psychiatry for evaluations

Where else does your practice refer patients for Child Psychiatry evaluations?

\_\_\_\_\_

How satisfied is your practice with where you currently refer for Child Psychiatry evaluations?

- Very Satisfied
- Satisfied
- Neither Satisfied or Dissatisfied
- Dissatisfied
- Very Dissatisfied

**Does your practice have established relationships with any of the following for CASE CONSULTATION?**

	Yes	No	No, but would like to develop
Private mental health provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Mental Health Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School MH/SUD resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentoring program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How does your practice currently obtain Child Psychiatry case consultation? Check all that apply.

- In person
- Phone consult
- Telemedicine consult
- Email consult
- Other
- Practice does not currently obtain consultations from Child Psychiatry

What other methods does your practice use to obtain Child Psychiatry case consultations?

\_\_\_\_\_

How satisfied with is your practice with how you currently obtain Child Psychiatry case consultation?

- Very Satisfied
- Satisfied
- Neither Satisfied or Dissatisfied
- Dissatisfied
- Very Dissatisfied

**Barriers**

What barriers prevent access to Child Psychiatry services? Check all that apply.

- Access to providers (availability)
- Distance/Travel time
- Scheduling/Wait times
- Lack of care coordination
- Family willingness
- Family financial resources/coverage for services
- Other

What other barriers prevent access to Child Psychiatry services?

\_\_\_\_\_

**Recommendations and Comments**

Do you have recommendations for improvements related to adolescent mental health referrals or resources?

\_\_\_\_\_

Do you have any other comments about your office systems as they relate to supporting the mental health needs of adolescents and young adults?

\_\_\_\_\_

# Clinic Demographics

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Practice Name: [participating\_prac\_arm\_1][practice\_name]

---

[participating\_prac\_arm\_1][record\_id]

---

How many quality improvement projects has your practice participated in over the past two years?

- None  
 1-2  
 3 or more
- 

Does your practice have NCQA Patient Centered Medical Home recognition?

- Yes  
 No
- 

What is the total number of active patients (seen for any type of visit within the past 2 years) who are ages 12 through 25 (up to 26th birthday) in your practice?

\_\_\_\_\_ (requires a numeric response)

**Patient Panel Race/Ethnicity**

The following questions about your patient panel refer to your entire patient panel.

When answering these questions, please consider all of your patient panel, regardless of age or inclusion in this quality improvement project.

Please enter the percentage of patients in your entire patient panel who identify in each of the following racial/ethnic categories.

Please enter a whole number between 0 and 100 for each racial/ethnic category.

Note that the sum of your entries for each category should be 100.

American Indian or Alaska Native

\_\_\_\_\_  
(If you have no patients that identify in this category, please enter 0. )

Asian

\_\_\_\_\_

Black or African American

\_\_\_\_\_  
(If you have no patients that identify in this category, please enter 0. )

Hispanic or Latino

\_\_\_\_\_  
(If you have no patients that identify in this category, please enter 0. )

Native Hawaiian or Other Pacific Islander

\_\_\_\_\_  
(If you have no patients that identify in this category, please enter 0. )

White

\_\_\_\_\_  
(If you have no patients that identify in this category, please enter 0. )

Other

\_\_\_\_\_  
(If you have no patients that identify in this category, please enter 0. )

Total Racial/Ethnic Composition of Practice:

\_\_\_\_\_  
(If this total is not 100, please review and adjust responses above. )

**Patient Panel Insurance Coverage**

The following questions about your patient panel refer to your entire patient panel.

When answering these questions, please consider all of your patient panel, regardless of age or inclusion in this quality improvement project.

Please enter the percentage of patients in your entire patient panel who are covered by the following insurance sources. For patients who are covered by more than one type of insurance, please categorize them by their primary insurance. Please enter a whole number between 0 and 100 for each insurance source.

Note that the sum of your entries for each category should be 100.

Private Insurance

(If you have no patients in this category, please enter 0. )

Public Insurance

(If you have no patients in this category, please enter 0. )

Uninsured

(If you have no patients in this category, please enter 0. )

Other Insurance/Insurance Source Unknown

(If you have no patients in this category, please enter 0. )

Total Insurance Coverage of Patients:

(If this total is not 100, please review and adjust responses above. )

What percentage of your patient panel is covered by Medicaid?

(Please include patients who are covered in any part by Medicaid, including Dual Enrolled patients or patients who may also have private insurance.)

**Practice Staff**

Please enter the total number of employees (part-time and full-time) currently employed at your clinic for each of the categories below.

Please enter "0" if you have no employees in a category.

Physician (MD, DO)

\_\_\_\_\_  
(If you have no staff in this category, please enter 0. )

Advanced Practice Registered Nurse

\_\_\_\_\_  
(If you have no staff in this category, please enter 0. )

Physician Assistant

\_\_\_\_\_  
(If you have no staff in this category, please enter 0.)

Nursing and Medical Assistant staff (RN, LPN, MA, CNA)

\_\_\_\_\_  
(If you have no staff in this category, please enter 0. )

Fellow or Resident

\_\_\_\_\_  
(If you have no staff in this category, please enter 0. )

Other staff

\_\_\_\_\_  
(If you have no staff in this category, please enter 0. )

Please describe the other type(s) of employees.

\_\_\_\_\_

Number of Primary Care Providers:

\_\_\_\_\_

---

For clinics located in Wisconsin only, are any of the Primary Care Providers (MD, DO, APRN, and/or PA) enrolled in Wisconsin's Child Psychiatry Consultation Program?

- Yes
- No
- Not a Wisconsin Practice (<https://www.dhs.wisconsin.gov/mch/cpcp.htm>)

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How many of the [pcp\_count] Primary Care Providers at your clinic are enrolled in Wisconsin's Child Psychiatry Consultation Program?

\_\_\_\_\_

---

Do you have any additional comments about your practice and/or patient population that you would like to share?

\_\_\_\_\_

**Appendix V: COVID Impact Survey**

# Practice Impacts of the COVID-19 Pandemic

COVID-19 is presenting primary care practices with unprecedented challenges.

This survey has been created to gather more information about the impact of COVID-19 on your practice and care delivery to adolescents and young adults (AYA).

Some items have been adapted from The Larry Green Center/Primary Care Collaborative COVID-19 National Survey and the VON SONPM COVID-19 Impact Audit.

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Practice Name: [participating\_prac\_arm\_1][practice\_name]

---

Practice Impact of COVID-19 Pandemic

---

Is the current status of the COVID-19 pandemic in your state having an impact on your practice?

No Impact ○ ○ ○ ○ ○ Severe Impact

---

Is your practice experiencing any of these stressors due to COVID-19? (select all that apply)

- Lack of personal protective equipment
- Large decrease in patient volume
- Loss of revenue
- Staff shortages
- Inability to access state or federal financial relief
- Strain on infrastructure to support telehealth
- Adapting to changing billing and reimbursement policies
- Responding to social determinants of health needs of patients and families (e.g., patient loss of employment, housing, food insecurity)
- Rising family and economic concerns among staff
- Patient struggle with telehealth (telephone, internet, or other technical limitations)
- Inability to refer to usual specialty and community resources due to COVID-19 related closures
- Other [specify]
- Not experiencing any stressors at practice due to COVID-19

---

Please tell us about other stressors related to COVID-19 that are impacting your practice at this time.

---

What are the TOP THREE sources your practice uses and relies on for information about the COVID-19 pandemic?

- CDC
- State Governor
- White house
- Improvement partnership (e.g., VCHIP, QTIP, Children's Health Alliance)
- State medical society or state level Professional organization (AAP AAFP)
- National level Professional organization (AAP, AAFP)
- State or Local Health Department
- Social Media
- WHO
- Medical Journals
- Journalists
- Other [specify]

What other source does your practice use and rely on for information about the COVID-19 pandemic?

\_\_\_\_\_

#### Adolescent and Young Adult (AYA) Visits During the COVID-19 Pandemic

What types of visits are your practice currently conducting for AYA? (select all that apply)

- Well Visits
- Other visits (Non-urgent sick visits, chronic disease management, medication management, etc.)
- Immunization only visits
- Not conducting any visits for AYA at this time

How are you currently administering immunizations to AYA? (select all that apply)

- At Well Visits
- Other visits (Non-urgent sick visits, chronic disease management, medication management, etc.)
- Immunization only visits
- Immunization clinics
- Other
- Not administering immunizations to AYA at this time

#### AYA Well Care Delivery

How is your practice currently delivering AYA well visit care? (select all that apply)

- In-person (includes visit with any in-person component)
- Using telehealth (where technology is used to remotely deliver clinical and other care services)
- Other

Please describe how your practice is delivering AYA well visit care.

\_\_\_\_\_

How does your practice currently administer telehealth for AYA well visits? (select all that apply)

- Audio-only telephone in real time
- Audio and video technology in real time (e.g., video chat, web meeting)
- Store-and-forward through patient web portal (e.g., patient submits data into portal, practice retrieves data at a later time)
- Remote monitoring using biosensors, wearable devices, apps, etc. (e.g., glucose monitors, fitness devices, tracking apps)
- Other

In what other way(s) does your practice administer telehealth for AYA well visits?

\_\_\_\_\_

Is your practice currently being paid for AYA well visits conducted all or in part via telehealth? (select all that apply)

- Yes, by Medicaid  
 Yes, by Private Insurers  
 No  
 Prefer not to answer

In addition to depression screening, national guidelines include the following components to well care. Please check the components you are currently conducting routinely at AYA health supervision visits. (Please note that this list includes some, but not all, of the recommended components)

	Yes	No
Patient History	<input type="radio"/>	<input type="radio"/>
Anticipatory Guidance	<input type="radio"/>	<input type="radio"/>
Height and Weight	<input type="radio"/>	<input type="radio"/>
Physical Examination	<input type="radio"/>	<input type="radio"/>
Immunization	<input type="radio"/>	<input type="radio"/>
Blood Pressure	<input type="radio"/>	<input type="radio"/>
Hearing Screen	<input type="radio"/>	<input type="radio"/>
Vision Screen	<input type="radio"/>	<input type="radio"/>
Psychosocial/Behavioral Assessment	<input type="radio"/>	<input type="radio"/>

Are there additional thoughts/comments about the impact of COVID-19 on [participating\_prac\_arm\_1][practice\_name] you would like to share?

---

## Appendix VI: Staff Impact Survey

# Staff Impact Survey

Please rate how strongly you agree or disagree with the following statements.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1) The changes made by our practice as part of this QI intervention have resulted in a more effective system for depression screening and follow-up planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Communication between our staff around management of depression is more effective as a result of this QI intervention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Our office staff has experienced an increased administrative burden due to the effort required to implement the strategies that we have chosen for our quality improvement (QI) intervention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Our practice staff is satisfied with the changes we are implementing to improve our office systems related to depression screening and follow-up planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<hr/>					
5) How confident are you that you can sustain your changes after the quality improvement project ends?	<input type="radio"/> Very confident <input type="radio"/> Somewhat confident <input type="radio"/> Not at all confident				
<hr/>					
6) Do you intend to continue to implement the changes you've made in your depression screening and follow-up planning processes beyond the end of this project?	<input type="radio"/> Definitely will continue <input type="radio"/> Hope to continue <input type="radio"/> Will not continue				

## Appendix VII: PDSA Log

# PDSA

Please fill out the PDSA Activity Collection Form for

[event-label]

At the heart of the Model for Improvement is the Plan-Do-Study-Act cycle, which allows for rapid, effective testing of change: planning the change, trying it, observing the results, and acting on what you learned.

Use these questions to record the successes and barriers you encounter, examine the progress you are making through the strategy you selected, and make changes that will lead to maximal improvement of your rates.

Practice Name: [participating\_prac\_arm\_1][practice\_name]

[event-label]

[participating\_prac\_arm1][record\_id]

## Plan

What is your aim for this PDSA cycle?

\_\_\_\_\_

Describe your plan for testing this change (Who? What? When? Where?)

\_\_\_\_\_

## Do

When did you start the PDSA cycle?

\_\_\_\_\_

Briefly describe what happened. What data did you collect? What observations did you make?

\_\_\_\_\_

## Study

Summarize what you learned from doing your Plan. How did your results compare to what you thought would happen.

\_\_\_\_\_

## Act

Based on what you learned from the text, do you plan to adopt, adapt or abandon the intervention you tested this month?

- Adopt (keep exactly as it is)  
 Adapt (keep, but modify)  
 Abandon (stop doing)

Why are you motivated to adopt this intervention?

\_\_\_\_\_

In what ways are you thinking about adapting the intervention?

\_\_\_\_\_

---

Why are you motivated to abandon this intervention?

---

---

Do you have any additional comments or insights you would like to share about this PDSA cycle?

---

## **Appendix VIII: Patient Record Form for Monthly Chart Review**

Note: The Patient Record Form used at Baseline differs slightly from the form used for the Intervention Months 1-6. The form used in Months 1-6 includes:

- The specification of visit type
- The specification of visit modality
- The division of the list of validated tools into two separate items.

# Patient Record Form - Implementation Phase

This form is to be used to report data collected on patient depression assessment and screening for patients 12-25 years old during

[event-label]

For up to 10 patients seen during this collection period, you will report on patient demographics (age, sex), whether the patient was assessed and/or screened for depression, whether the patient was positive for depression, and the depression follow-up plans of care for the patient (if applicable).

It is important that the charts selected adhere to the sampling strategy outlined in the Data Handbook. Be sure to generate a list of all eligible patients when following the selection strategy.

Practice Name: [participating\_prac\_arm\_1][practice\_name] Patient : [current-instance]

## Patient Demographics

Patient Age at Visit:

\_\_\_\_\_

Visit Type:

- Well Visit  
 Other Visit (Non-urgent sick visits, chronic disease management, medication management, etc.)

Visit Modality:

- In-person (includes visit with any in-person component)  
 Audio and video (e.g., video chat, web meeting)  
 Audio only (e.g., telephone)  
 Other

Please describe how this visit was conducted.

\_\_\_\_\_

Patient Sex:

- Male  
 Female  
 Undetermined  
 Unknown  
 (Patient biological sex assigned at birth. Undetermined may refer to patients in transition.)

Does the patient's gender identity match the sex they were assigned at birth?

- Yes  
 No  
 Unknown

## Patient Visit Summary

Does the patient have a known diagnosis of depression or bipolar disorder before this visit?

- Yes  
 No

Was the patient assessed for depression at this visit?

- Yes  
 No

Was the patient screened for depression using a validated tool at this visit?

- Yes  
 No

How was the patient informally assessed for depression?

\_\_\_\_\_

What tool(s) were used to screen the patient for depression? (select all that apply)

- PHQ-2 (Patient Health Questionnaire-2)
- PHQ-9 (Patient Health Questionnaire-9)
- PHQ-A (Patient Health Questionnaire-Adolescent)
- PSC-35 (Pediatric Symptom Checklist-35 Parent)
- PSC- 35 Y (Pediatric Symptom Checklist-Youth)
- PSC-17 (Pediatric Symptom Checklist-17 Parent)
- PSC-17 Y (Pediatric Symptom Checklist-17 Youth)
- Used another depression screening tool not listed

Were any of the following tools used to screen the patient for depression? (select all that apply)

- CBCL (Child Behavior Check List)
- YSR/11-18 (Youth Self-Report Ages 11-18)
- CDI-2 (Children's Depression Inventory-2)
- CDS (Columbia Depression Scale)
- GAIN-SS (Global Appraisal of Individual Needs, Short Screener)
- MQF (Mood and Feelings Questionnaire)
- BDI-II (Beck Depression Inventory-II)
- BDI-FS (Beck Depression Inventory (Fast Screen)
- PROMIS Pediatric Short Form Depressive Symptoms (Patient-Reported Outcomes Measurement Information System- Pediatric Short Form Depressive Symptoms)
- KADS (Kutcher Adolescent Depression Scale)
- Used another depression screening tool not listed

Please list the other valid tool(s) used to screen the patient for depression.

\_\_\_\_\_

Was the result of the assessment or screen positive for depression?

- Yes
- No
- Not documented

What is the depression plan of care for this patient? (Select all that apply)

- Follow-up appointment in office (primary care clinician or other professional)
- In-office counseling (primary care clinician or other professional)
- Mindfulness activity
- Prescribed medication for depression
- Referral
- Crisis center/911/Emergency Department
- Patient declined services
- Other plan
- There is no documented depression plan of care for this patient

What other depression care plan(s) are in place for this patient

\_\_\_\_\_

To whom was the patient referred? (Select all that apply)

- Psychologist
- Psychiatrist
- Social Worker
- School Counselor
- Substance Use professional (e.g. Licensed Alcohol Drug Abuse Counselor)
- Other
- Not documented

If other, where or to whom was the patient referred?

\_\_\_\_\_

---

Who conducts the in-office follow-up appointments?  
(Select all that apply)

- Primary care clinician
- Social worker
- Psychologist
- Psychiatrist
- Other
- Not documented

---

If other, who conducts the in-office follow-up appointments? \_\_\_\_\_

---

Who conducts the in-office counseling? (Select all that apply)

- Primary care clinician
- Social worker
- Psychologist
- Psychiatrist
- Other
- Not documented

---

If other, who conducts the in-office counseling? \_\_\_\_\_

---

Was the patient assessed or screened for suicide risk at this visit?

- Yes
- No

Questions about suicide plans/thoughts/intentions may be part of depression screening tools and/or may be part of other screening tools. If asked as part of a depression screening tool or another screening tool, select "Yes".

---

Were recommendations made to promote emotional wellbeing of the patient?

- Yes
- No

For example, optimal sleep, healthy eating, physical activity, addressing stress (yoga, meditation, time in nature), limiting screen time, etc.

---

This entry is Patient [current-instance].

- Yes
- No

Is this the last patient you have to enter for [event-label]?

Please remember that the goal is to review the records of 10 patients ages 12-25 each month. (See the Data Handbook for additional details on sample selection.)

---

If this is your last patient, please click the "Submit" button below.

You will be redirected to the end of the data collection forms for this month.

---

To enter more patients, click on the "Enter Another Patient Record" button below.

You will then be able to add the next patient record.