

Workflow Redesign to Reality: Improving Behavioral Health Outcomes

Optimizing Depression Screening

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QI Coordinator, Variety Care

azara2026

USER CONFERENCE APRIL 13-15 | BOSTON, MA



Today's Presenter:

15



KC Chansombat

QI Coordinator

Variety Care



Agenda

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The Mission & Challenges to Solve
Center challenges impacting CQM performance

Workflow Redesign
Overview of workflow re-design process

Results
Impacts of depression screening workflow revamp

Lessons Learned & Applied
Using DRVS tools to evaluate & re-design other workflows



Variety Care Overview

Our History

- Founded in 1932 as Variety Health Center
- Federally Qualified Health Center founded & headquartered in Oklahoma City, OK
- 12 NCQA-Recognized Patient Centered Medical Home Sites
- 22 Health centers offering Family Medicine, Pediatrics, Women's Health, Infectious Disease, Clinical Pharmacy, Optometry, Dental, Behavioral Health, Psychiatry, Retail Pharmacy

Patient Population

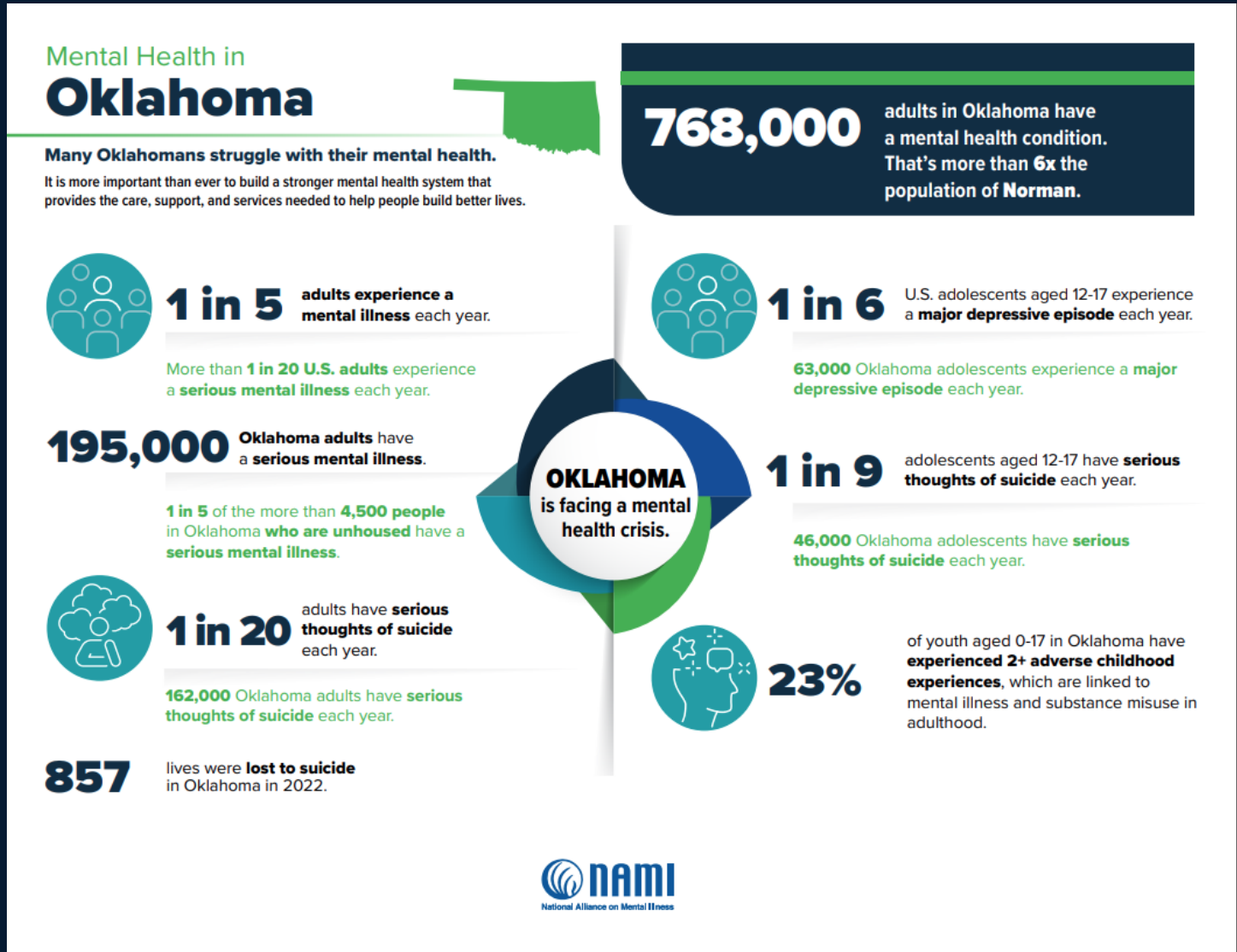
- **293K+** people served across all programs
- **1K+** Daily Clinic Encounters

Key Relationships & Organizational Focus

- Strategically aligned with NorthCare since 2008 & merged in 2024
- Integrated clinics offering a variety of services facilitate whole-person care



Oklahoma | The State of Mental Health

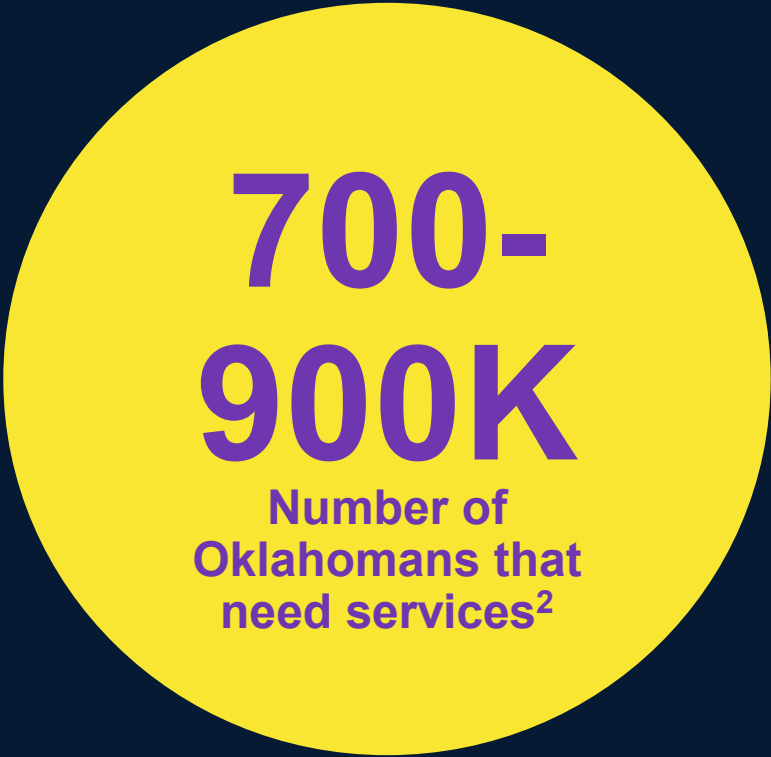


¹(National Alliance on Mental Illness, 2025)

See references in appendix



Consider the Numbers...



See references in appendix



Screening for Depression & Follow-Up | A Strategic Initiative

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- Screening patients for depression & follow-up is a system-wide focus measure
- Variety Care offers several service lines including: Family Medicine, Pediatrics, Women's Health, Infectious Disease, Clinical Pharmacy, Optometry, Dental, Behavioral Health, Psychiatry, Retail Pharmacy
- **Integrated care** using a **whole-person approach** is an organizational strategic initiative



About Variety Care

Our Mission

Making quality health care affordable and accessible.

Our Mindset

We're all about health, and health for all!

Our Goal

Increase access to health care services to improve community health.



Screening for Depression and Follow-Up



Description: Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter.

CMS ID: 2v14

Numerator *	Denominator	Exclusions
<p>Patients screened for depression on the date of a qualifying encounter or 14 days prior to the date of a qualifying encounter using an age-appropriate standardized depression screening tool AND if positive, a follow up plan is documented on the date of or up to two days after the date of the qualifying encounter.</p> <p>* See Info Snippet in DRVS for more specifics around the screenings that meet the numerator criteria</p>	<p>All patients aged 12 years and older at the beginning of the measurement period with at least one qualifying encounter during the measurement period.</p> <ul style="list-style-type: none"> Age >= 12 at the start of the measurement period Measure qualifying visit in the last 12 months (See value set tab and technical specifications for qualifying visit codes) 	<p>Any of the following diagnoses with any record in the patient's history before most recent qualifying encounter in the period:</p> <p>Bipolar disorder diagnosis</p> <p>Exceptions:</p> <ul style="list-style-type: none"> Any one of the following documented at the time of any qualifying encounter and when there is no depression screening recorded Patient record of refused date of depression screening Patient record of structured clinical data element for Depression Screen Contraindicated that maps to documentation that The 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 The patient's cognitive capacity, functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools



Follow-Up Plans

REFERRAL New behavioral health or psychiatry referral

RX New antidepressant prescription

PHRASE Standardized documentation within the note
 .MUUDS or .DEPRESSIONASSESSFOLLOWUP



The Challenge | Decreasing Measure Performance



Despite introducing welcome tablets at patient check in, measure compliance initially stays flat but eventually decreases at certain Variety Care locations starting in 2024.

2025 Depression by Department DASHBOARD

PERIOD: 2024 | RENDERING PROVIDERS: All Rendering Provid...

Depression Screen & Follow-Up

Depression Screen - Family Medicine

RENDERING LOCATIONS	RESULT	NUM
VCHC YUKON FM	94.9%	990
VCHC STRAKA FM	89.9%	6,756
VCHC RENO FM	87.7%	6,085
VCHC SEQUOYAH FM	86.0%	1,178
VCHC MIDDEL FM	84.8%	629
VCHC NORTHCARE FM	83.7%	585
VCHC ANADARKO FM	83.6%	585
VCHC FORT COBB FM	81.7%	858
VCHC NORMAN FM	81.5%	2,173
VCHC PUTNAM FM	80.9%	1,397
VCHC PW WELL CENTER FM	80.4%	1,650

Depression Screen & Follow-Up - Women's Health

RENDERING LOCATIONS	RESULT	NUM	DENOM
VCHC STRAKA OB/GYN	88.6%	4,791	5,407
VCHC PUTNAM OB/GYN	87.1%	895	1,028
VCHC ALAMEDA OB/GYN	86.5%	902	1,043
VCHC NORTH PORT HC OB	83.5%	2,491	2,985
VCHC LAFAYETTE OB/GYN	82.2%	2,081	2,532
VCHC BRITTON HC OB/GYN	77.7%	1,966	2,529
VCHC NW 10TH ST OB/GYN	76.6%	2,341	3,057

Depression Screen - Urgent Care

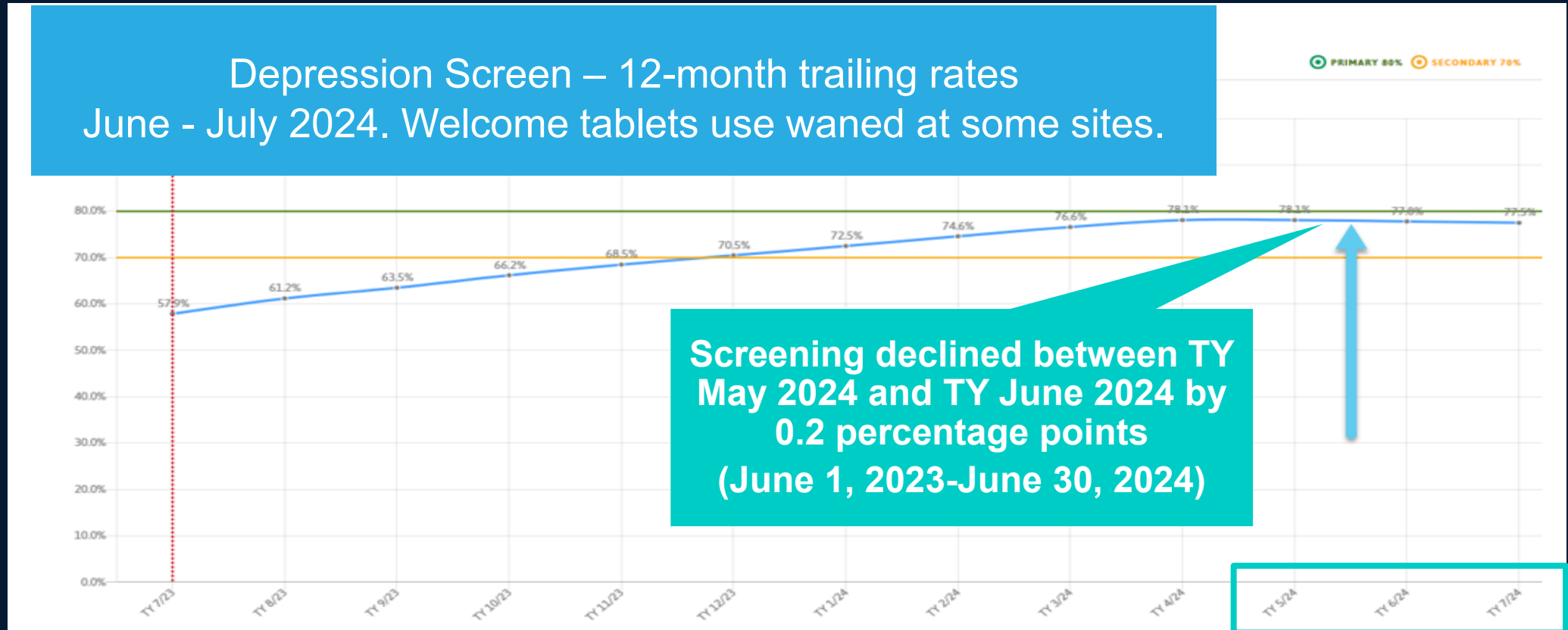
RENDERING LOCATIONS	RESULT	NUM	DENOM
VCHC STRAKA UC	60.7%	3,607	5,942
VCHC LAFAYETTE UC	53.7%	1,084	2,017

The Challenge | Decreasing Measure Performance



Despite introducing welcome tablets at patient check in, measure compliance initially stays flat but eventually decreases at certain Variety Care locations starting in 2024.

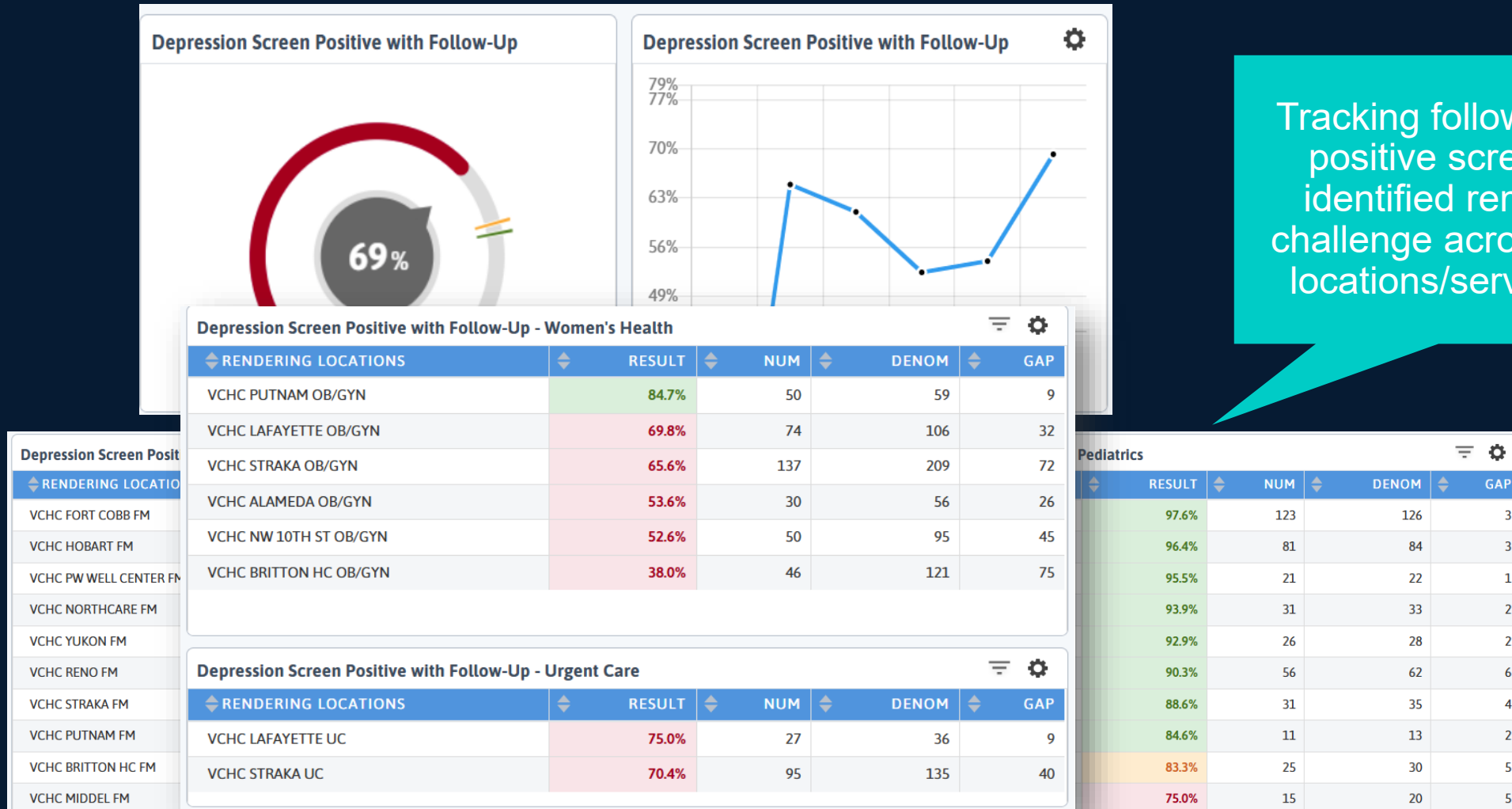
MEASURE ANALYZER



The Challenge | Follow-Up Compliance Lags



CUSTOM DASHBOARD



Tracking follow-up when positive screening is identified remained a challenge across several locations/service lines.



Challenges to Depression Screening

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Organizational expansion/ acquisition of private BH Practice



Staff knowledge of quality measures and associated workflows



Workflow breakdowns & missed screenings



Welcome tablets were time consuming



PHQ-9 not populating in flowsheet



Scores not calculated if screening is incomplete



Old Workflow

Two Methods for Screening

Welcome Tablets

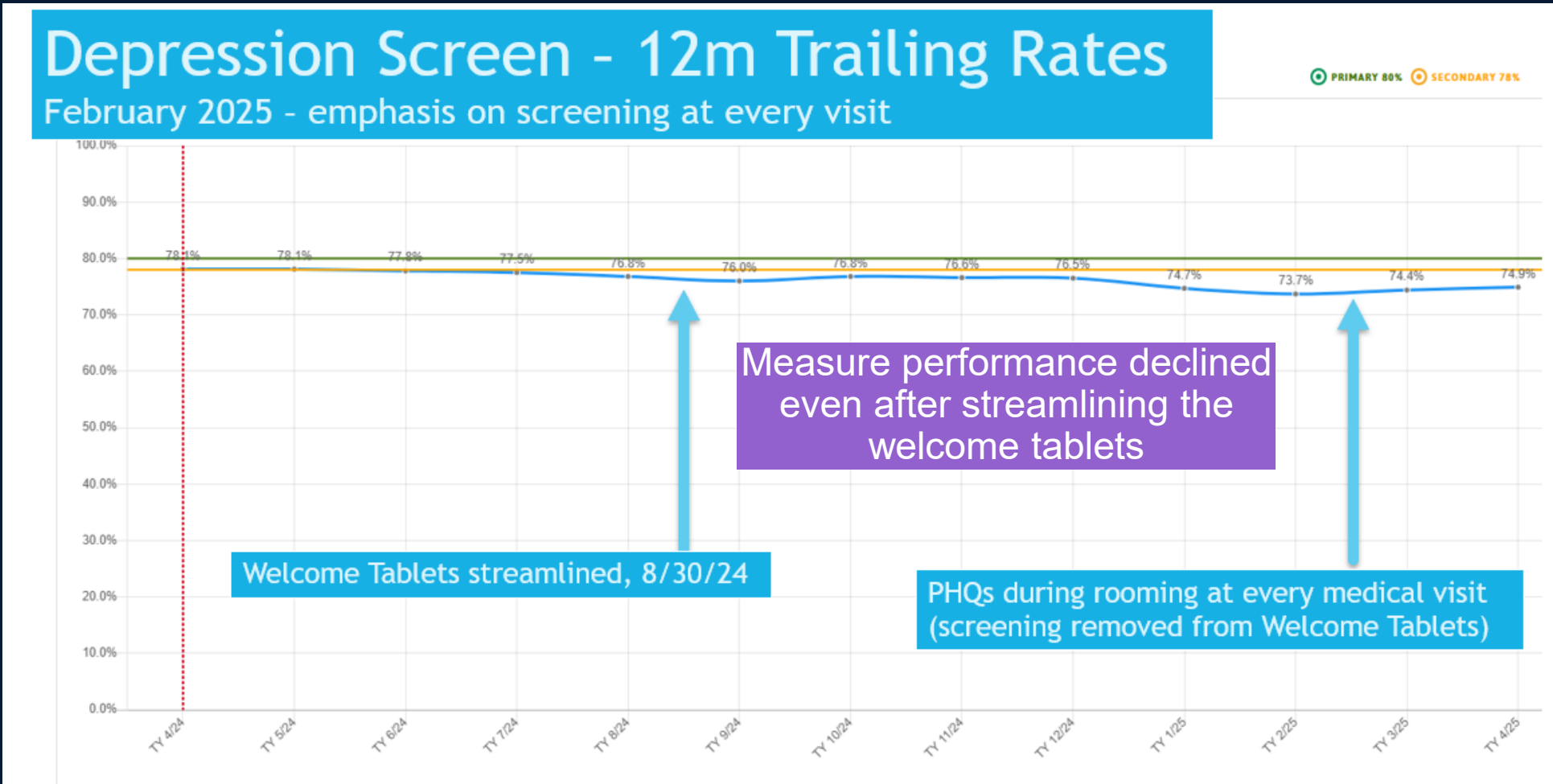
- Patients complete the PHQ-2/ PHQ-9 on a welcome tablet
- Time consuming for some patients who were not as tech-savvy/non-English speakers
- Inconsistent tablet usage
- Inconsistent communication within care team about next steps for patients with elevated score
- Scores not calculated if screening unfinished

Paper Screening

- Inconsistent communication within care team about abnormal score
- Screening patients every 3 months or less
- Inconsistent capture of follow-up in a structured format
- Scores are not auto-calculated
- Staff were not collecting the screeners to input into the EHR



Trendline Chart | An Impetus for Change



"A visualization turns data into a shared language"



Workflow Redesign

Using Azara Tools, People & Process to Drive Best Practices

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Workflow Revamp

- 1 Got leadership team buy-in
- 2 Organizational Workflow Documentation
- 3 Enabled alerts/other functionality in EHR (Epic)
- 4 Standardization of dot phrases (**.depressionassessfollowup or .MUUDS**)
- 5 Identify pilot care teams
- 6 Staff Training
- 7 Monitor for continuous improvement



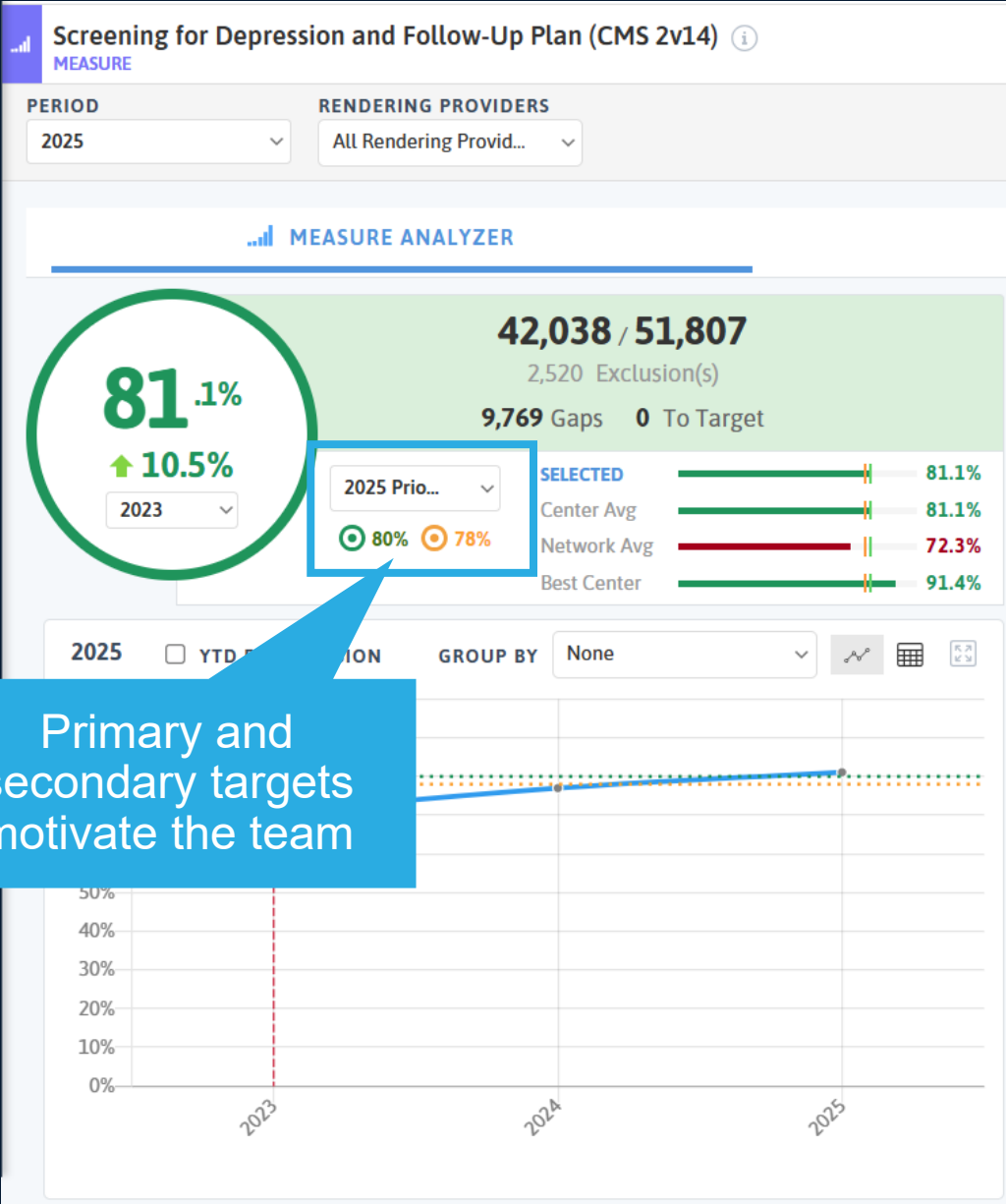
Strategize | Data Hygiene Calendar



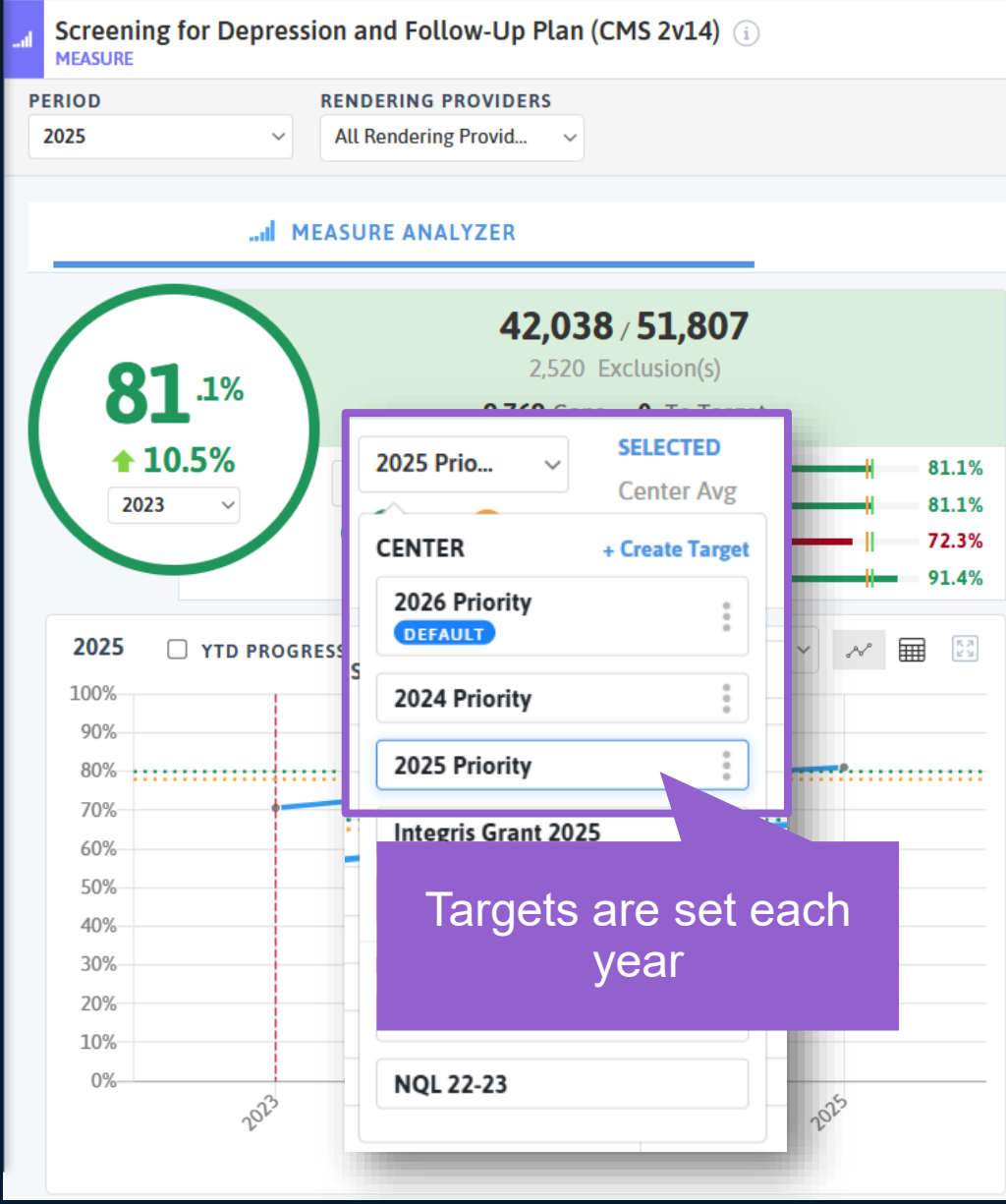
Dept	Measure Name	Targets	Targets	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
FMW/HUC	Diabetes A1c>9 or Untested	22%	25%	x	24.9%										
	Colorectal Cancer Screening	55%	53%	x	49.7%										
	HIV Screening	72%	70%	x	66.2%										
	Depression Screen & Follow-Up Plan	84%	82%	x	79.2%										
	Hypertension Control	75%	70%	x	65.0%										
FMW/HUC	Breast Cancer Screening	60%	55%	x	55.2%										
Wide	ED Follow-Up 14 days	84%	82%	x	37%										
PEDs	Asthma Action Plans	80%	70%	x	60%										
PEDS	Early Childhood Immunizations	50%	47%	x	46.8%										
PEDS	VCC (0-15m)	75%	72%	x	69%										
PEDS	VCC (15-30m)	75%	72%	x	72%										
PEDS	VCC (3-21g)	75%	72%	x	71.3%										
PEDS	ADHD RX Follow-Up	50%	40%	x	40%										
PEDS	ADHD RX Follow-up Additional	50%	40%	x	42%										
PSYCH	Utilitation of PHQ-9 Tool	70%	65%	x	59%										
PSYCH	Metabolic Testing-Antipsychotics	50%	45%	x	33%										
ID	HIV Linkage to Care	85%	80%	x	67%										
ID	HIV/AIDS Medical Visits	75%	70%	x	78%										
	Hygiene Activites	Daily	Weekly	Mon thly	Q1	Q2	Q3	Q4							
	Prenatal Trimester of Entry (UDS)			X											
	Low Birthweight (UDS)			X											
	Panel Provider Admin & Groups			X											
	APO Campaigns	X	X												
	Review Key Scorecards / Dashboards i.e., UDS														
	Review Mapping Administration			X											

Use a measure matrix or data hygiene calendar to organize your measures of focus.

Strategize | Target Setting



Primary and secondary targets motivate the team



Targets are set each year

Implement | PHQ-2 Screener

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PHQ-2 is **required** & completed by staff at **every** medical visit for all patients, ages 12+

Score > 3 → complete a PHQ-9

Score is 10 or higher (or answer to question #10 is *yes*) → notify provider

Patients w/ **Depression Monitoring** listed as a care gap in EHR must complete a PHQ-9 due to prior depression Dx



Screening Declinations | Communication is KEY 15



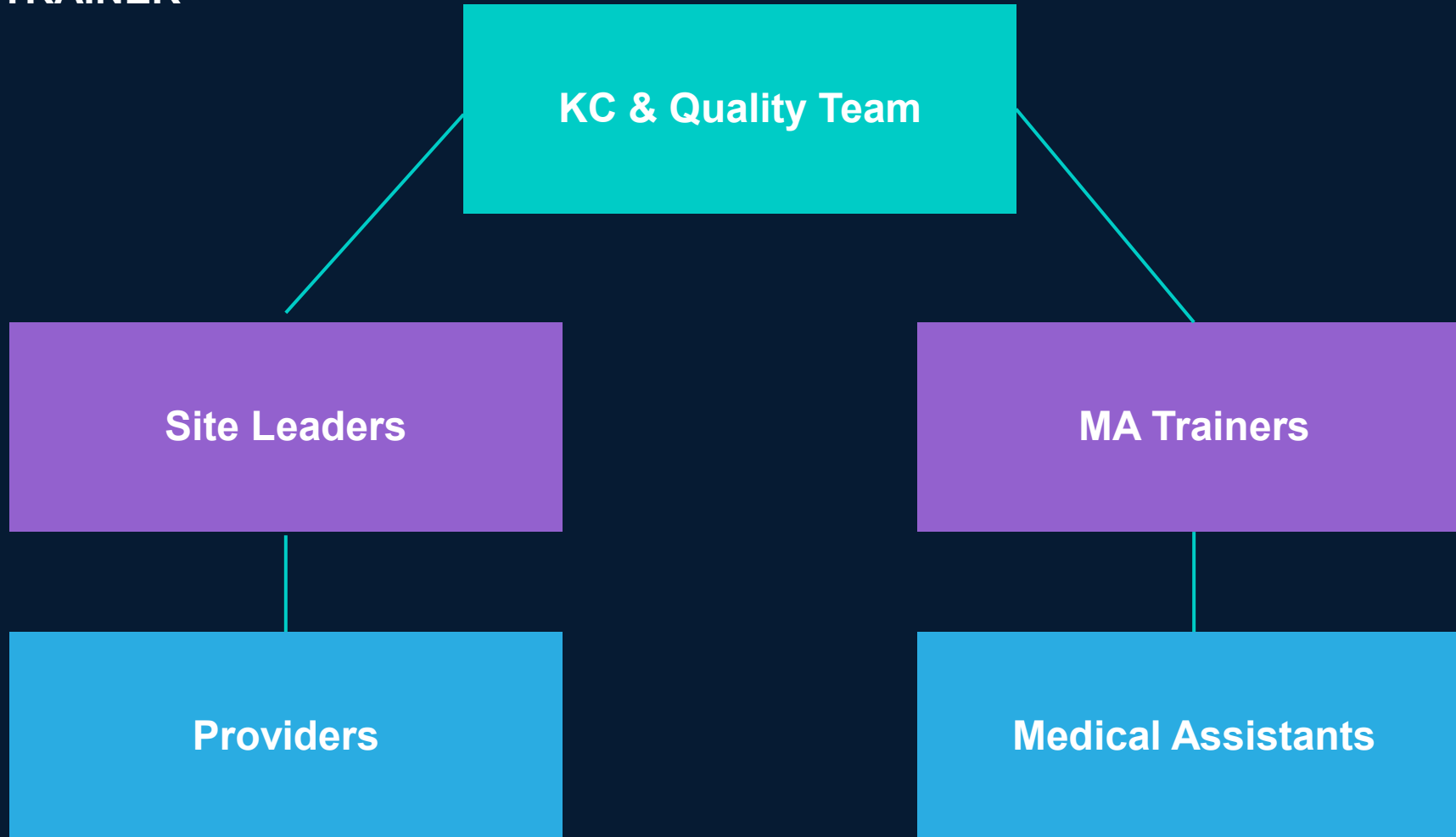
If screening is declined or patients cannot complete screening it **MUST** be documented. Communication to the care team ensures documentation is included appropriately.



Staff Training | A Top – Down Approach



TRAIN-THE-TRAINER





Staff also received training on Azara as needed.



Staff Training | Engaging Staff

There were and are many opportunities for new and existing staff to get trained on the new workflow. KC and the Quality Team train staff and have high performers share out their success in the following settings:



Staff Training | Challenges

New processes come with new challenges:



MAs incorrectly entering results



Time Constraints



Resistance to Change



Depression Screening | Workflow Documentation

Depression Screening Workflow

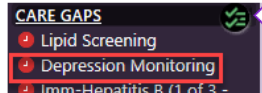


The purpose of this workflow is to provide direction for completing Depression Screenings using the PHQ.

This screening is to be utilized for all patients, ages 12 years and older. For adolescent patients, if the provider would like to have their patients complete an Adolescent Risk Screening Questionnaire at each visit in order to get the information from the PHQ 2 or 9 completed, they can do so.

The PHQ-2 is to be completed at every medical visit as a screening for depression.

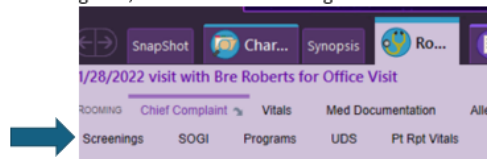
- *If the patient has an abnormal score (3 or higher) on the PHQ-2, they will need to complete a PHQ-9.
- *If the patient has an abnormal score (10 or higher, or question #10 is yes) on the PHQ-9, the provider will need to be notified.
- *If the patient is postpartum and completing an Edinburgh questionnaire, they do not need to complete a PHQ.
- *If the patient has *Depression Monitoring* showing under Care Gaps as due, they need to complete a PHQ-9.



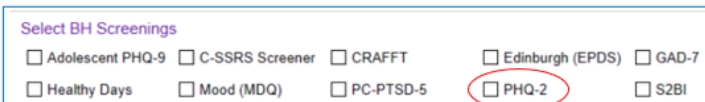
To help recognize patients who need to complete the PHQ-9 instead of only a PHQ-2, add this column to your schedule **Depression Monitoring HM Status**. It will show a red circle if the PHQ-9 needs to be completed due to previous diagnosis of depression.

To Document PHQ-2 or PHQ-9 results:

1. Go to the "Rooming" tab, and find the "Screenings" section.



2. PHQ-2 can be found in the section labeled "Select BH Screenings."



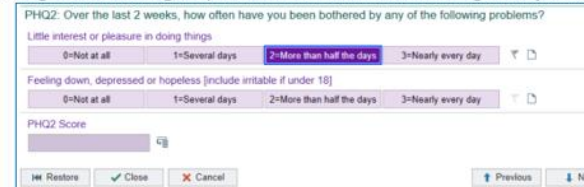
Depression Screening Workflow



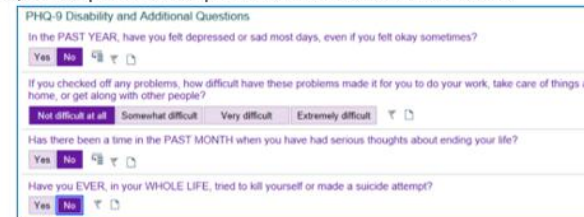
Did patient decline PHQ screening?
No taken 3 days ago

Yes No

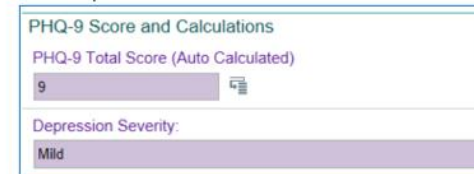
- Document here if the patient declines the screening;
 - If the patient does not have capacity to complete the screening, document as "yes" under the question asking if the patient declined screening.
3. You will now begin documenting the patient's answers to the screening. Slowly scroll until you see this:



- If the patient's score is 2 or greater, the PHQ-9 questions will automatically populate; continue documenting the answers as needed.
4. The "PHQ-9 Disability and Additional Questions" section will appear after the PHQ-9 answers are documented; ask the patient these questions and document their answers.



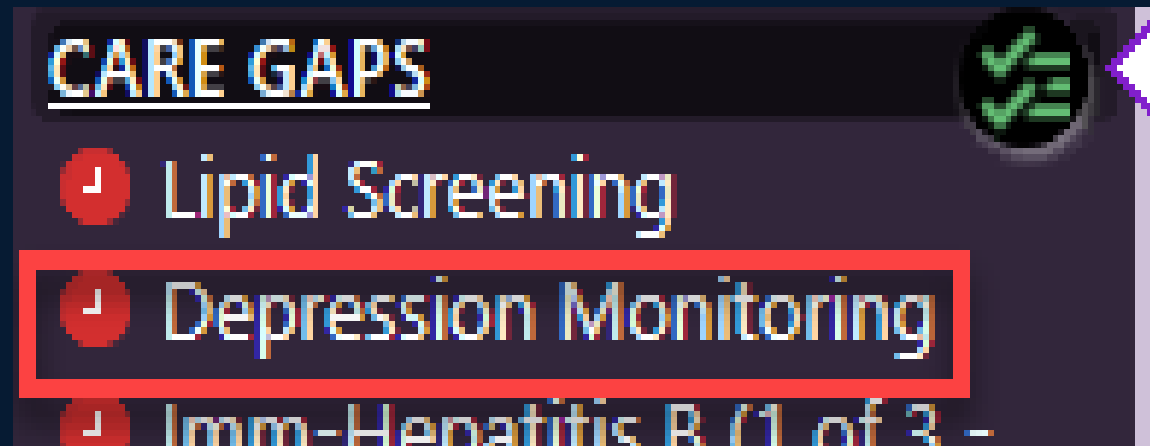
5. Once all questions have been completed, the **PHQ-9 Total Score** will auto-calculate and appear, with a severity rating, based on the patient's answers.



*If a score does not appear in the "PHQ-9 Total Score (Auto Calculated)" field, then the PHQ-9 will be considered **incomplete** for reporting purposes. Also, providers will not be able to pull the completed results into their visit notes using their "Smartlinks" if no PHQ9 score is shown. This likely means that a

Enable EHR Functionality | HM Depression Monitoring Care Gaps (Epic)

- If the patient has Depression Monitoring showing under Care Gaps as due, they need to complete a PHQ-9.
- Add this column to your schedule in EPIC. It will show a red circle if the PHQ-9 needs to be completed due to previous diagnosis of depression.



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Enable EHR Functionality | Synopsis Screenshot –EPIC

Depression Screening & Follow-Up Synopsis

- Quickly review current & past Screening Results
- Toggle to “All Flowsheets” for detailed responses.

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	Most Recent	2023	6/13/23	9/25/23	2024	10/11/24
Depression	2 years	5/22/23 15:55	6/13/23 10:05	9/25/23 10:30	9/30/24 10:44	10/11/24 08:47
PHQ-2	10/11/24	4	2	2	0	4
PHQ-9	10/11/24	13	8	5	3	13
PHQ-2 Severity	10/11/24	Moderate	Mild	Mild	Non-minimal	Moderate
Suicidal thoughts in past month	06/25/23	No	No	No		
GAD-7	09/30/24	4			3	4
PHQ-4 Anxiety Subscale Total	09/30/24	1		2	1	
PHQ-4 Depression Subscale Total	10/11/24	4	2	2	0	4
PHQ-4 Total Score:	09/30/24	1		4	1	
PHQ-4 Total Score Interpretation:	09/30/24	None		Mild	None	
Synopsis Depression - Substanc...						
Antidepressants						
Depression Labs						
ALT	06/13/23	0	0			
HCT	06/13/23	40.5	40.5			
SODIUM	06/13/23	140	140			
Antipsychotics						
Other mood stabilizers						
Benzodiazepenes and other anti...						
PHQ						
Edinburgh Postnatal Depression						
C-SSRS Since Last Visit						
C-SSRS Lifetime/Recent						
C-SSRS Screener						
Generalized Anxiety Disorde...						
Geriatric Depression Scale Long ...						

Providers can easily see previous screening results for patients without having to click into previous encounters



Mapping Admin | Structured Clinical Data



Provider template standardized to capture screening and follow-up for UDS reporting
.depressionassessfollowup or **.MUUDS** is utilized in provider visit notes

Mapping Summary

Mapped DRVS Values **139** | DRVS Values with 0 Count **435**

MAPPED DRVS VALUE ▾	DISTINCT COUNT ▾
Depression Follow-Up	79
Depression Screen Contraindicated	2
PHQ-2 Depression Screen	2
PHQ-9 Depression Screen	4

EHR Mapping Details

Depression Follow-Up **79** | All **12911**

MAPPED DRVS VALUE ▾	COUNT	SOURCE EHR TEXT ▾
Depression Follow-Up	109,071	SDE - follow-up plan for depression documented
Depression Follow-Up	95,262	Encounter Note DEPRESSION FU PROVIDED (M...
Depression Follow-Up	21,582	Depression Follow Up Placed Order Referral ...
Depression Follow-Up	13,627	Data Migration: Struct Preventive Depression S...
Depression Follow-Up	5,336	Data Migration: Struct Preventive Depression S...
Depression Follow-Up	3,055	Depression Follow Up Placed Order Referral ...
Depression Follow-Up	2,541	Data Migration: Struct Preventive Depression S...
Depression Follow-Up	2,332	Data Migration: Struct Preventive Depression S...
Depression Follow-Up	19	Depression Follow Up Placed Order Referral ...
Depression Follow-Up	5	Depression Follow Up Placed Order Referral ...
Depression Follow-Up	1	Placed Order Referral REFERRAL TO CARE MA...
Depression Follow-Up	1	Depression Follow Up Placed Order Referral ...
Depression Follow-Up	1	Depression Follow Up Placed Order Referral ...





Results

Impacts of Revamped Depression Screening Workflow

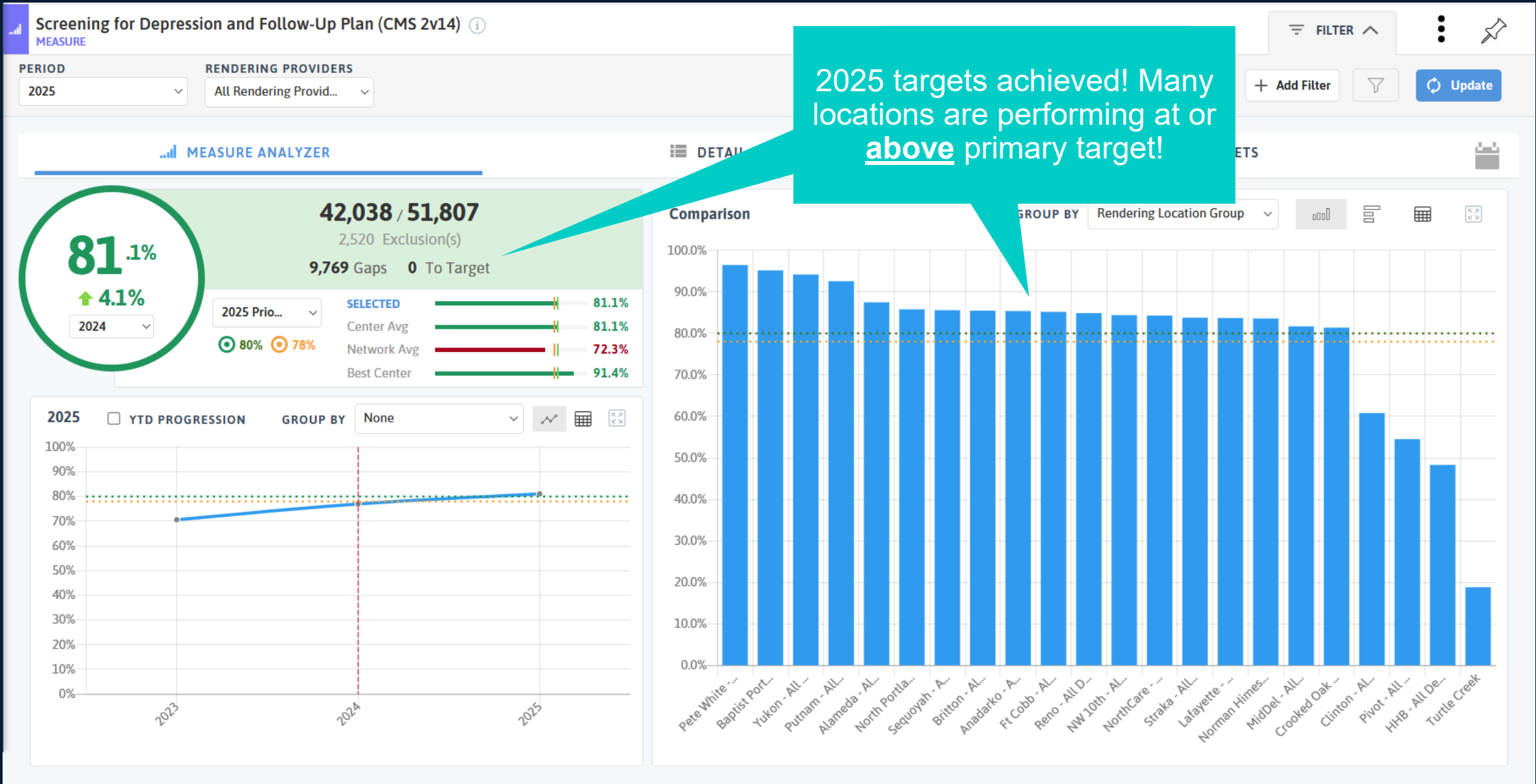


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Results | Improved Performance



Results | Measuring Success 2024-2025



2025 Depression by Department DASHBOARD

PERIOD: Q4 2024 RENDERING PROVIDERS: All Rendering Provid...

Update Add Filter

Depression Screen & Follow-Up

85%

Q4 2024

2025 Depression by Department DASHBOARD

FILTER 1

Depression Screen & Follow-Up - Women's Health

RENDERING LOCATIONS	RESULT	NUM	DENOM
VCHC PUTNAM OB/GYN	94.5%	451	477
VCHC NW 10TH ST OB/GYN	91.1%	1,146	1,258
VCHC LAFAYETTE OB/GYN	90.4%	741	820
VCHC NORTH PORT HC OB	89.6%	1,012	1,129
VCHC ALAMEDA OB/GYN	84.9%	265	312
VCHC STRAKA OB/GYN	84.3%	1,429	1,696
VCHC BRITTON HC OB/GYN	83.2%	465	559

Depression Screen - Urgent Care

RENDERING LOCATIONS	RESULT	NUM	DENOM
VCHC STRAKA UC	75.6%	876	1,158
VCHC LAFAYETTE UC	72.4%	343	474

Depression Screen - Family Medicine

RENDERING LOCATIONS	RESULT	NUM	DENOM
VCHC YUKON FM	98.9%	458	463
VCHC PW WELL CENTER FM	95.9%	590	615
VCHC STRAKA FM	92.6%	3,123	3,374
VCHC RENO FM	91.9%	2,393	2,604
VCHC NORTHCARE FM	89.8%	354	394
VCHC BAPTIST PORT FM	88.0%	380	432
VCHC FORT COBB FM	87.2%	462	530
VCHC BRITTON HC FM	86.6%	1,366	1,577
VCHC PUTNAM FM	86.2%	604	701
VCHC NORMAN FM	85.4%	822	962
VCHC MIDDEL FM	85.0%	85	100

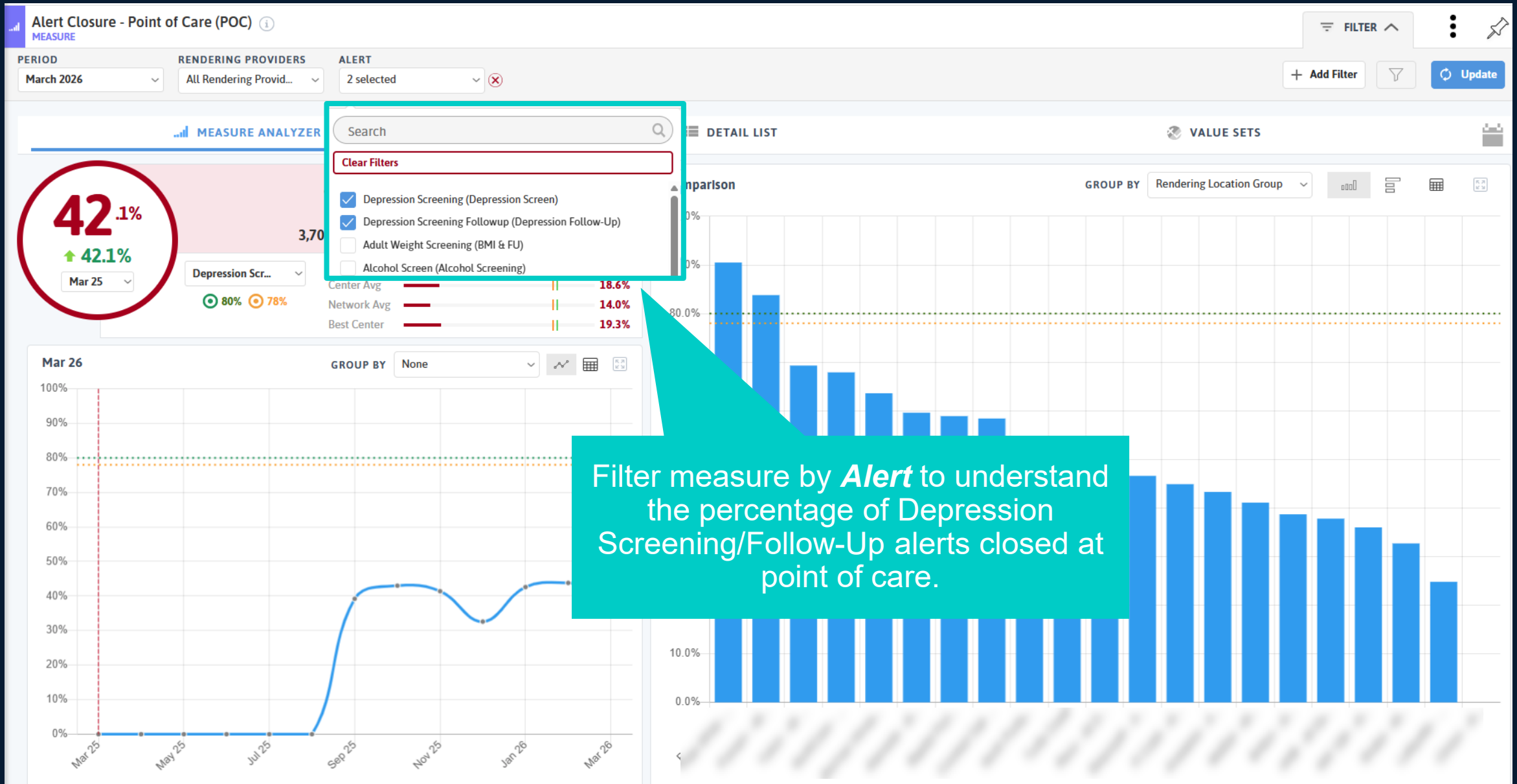
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“The standardized workflow, workflow documentation, continuous training, and understanding how the data is pulled into Azara, has helped me to capture my depression follow-ups. Additionally, the workflow implementation to screen all patients for depression helped me to improve my performance in this measure. I might actually make my quality bonus this quarter!”

– Roqui, NP



Results | Alert Closure – Point of Care (POC)



Filter measure by **Alert** to understand the percentage of Depression Screening/Follow-Up alerts closed at point of care.

Lessons Learned, Applied & A Vision Forward

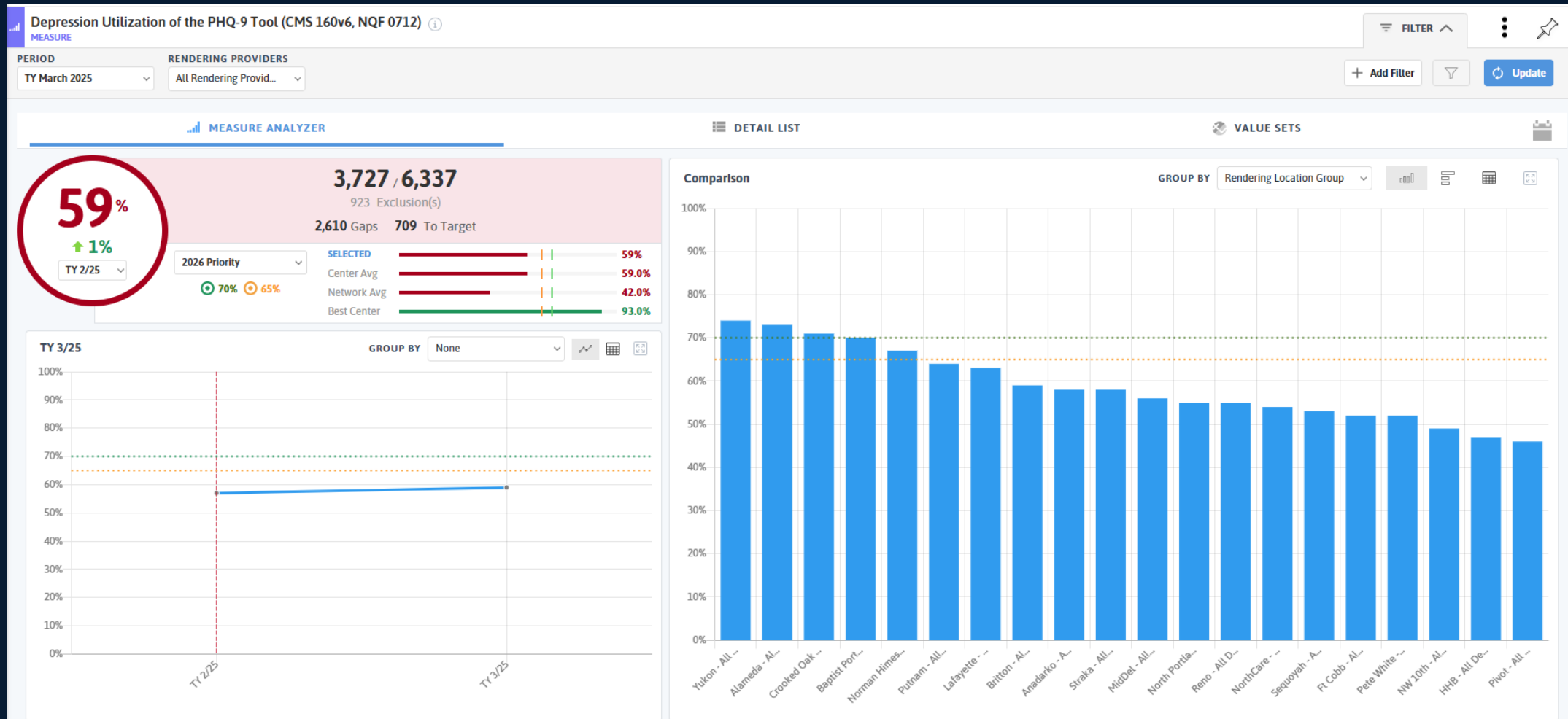
Using DRVS Tools to Improve & Enable
Workflow Efficiency

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Improve | Identify Patients that Need More Frequent Screening



Identify | Measure Gap List



Use Gap List to identify patients who have elevated scores but are missing follow up.

Screening for Depression and Follow-Up Plan (CMS 2v14) MEASURE

PERIOD: Q1 2026 RENDERING PROVIDERS: All Rendering Provid...

MEASURE ANALYZER | DETAIL LIST

Search Patients ... Measure Investigation Tool All Gaps Num Excl VIEW Simple Full SAVED COLUMNS

MRN	DEPRESSION SCREENING ENCOUNTER			DEPRESSION SCREEN			DEPRESSION SCREEN FOLLOW-UP			
	DATE	PROVIDER	CODE	DATE	SCORE	RESUL... ▾	SOURCE	DATE	TYPE	MEDICATION NAME
	2/11/2026		99212	3/24/2025	16	Positive	PHQ-9 Depression Screen	2/11/2026	Structured Data Entry	
	2/4/2026		99214	2/4/2026	15	Positive	PHQ-9 Depression Screen			
	2/3/2026		99213	2/26/2025	21	Positive	PHQ-9 Depression Screen			
	1/8/2026		99214	1/8/2026	11	Positive	PHQ-9 Depression Screen			
	1/13/2026		99213	1/13/2026	12	Positive	PHQ-9 Depression Screen			
	3/10/2026		99214	6/14/2024	12	Positive	PHQ-9 Depression Screen			
	12/15/2025		99213	12/15/2025	11	Positive	PHQ-9 Depression Screen			
	3/4/2026		99213	1/15/2025	19	Positive	PHQ-9 Depression Screen	3/4/2026	Anti-Depressant Rx	escitalopram 10 mg tablet
	7/25/2025		99213	1/24/2025	11	Positive	PHQ-9 Depression Screen			
	1/21/2026		99214	1/21/2026	11	Positive	PHQ-9 Depression Screen			
	7/7/2025		99214	7/7/2025	10	Positive	PHQ-9 Depression Screen			
	3/18/2026		99213	3/13/2025	13	Positive	PHQ-9 Depression Screen			

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Prompt | Patient Visit Planning Report

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Leverage the **PVP** to prompt care team members to **screen patients for depression and document a follow-up plan (if positive).**

7:30 AM Monday, March 23, 2026 Visit Reason: ESTABLISHED PATIENT 15 MIN RX REFILL

Harvey, Kathleen	Sex at Birth: M (unknown)	Phone: 405-555-0000	Portal Access: 07/13/2024	PCP: AUGUSTINE, GREG
MRN: 123456	GI: Unknown	Lang: English		Payer: MEDICAID OK
DOB: 02/09/1993 (33)	SO: Unknown	Risk: Moderate (10)		CM: LEAH SMITH

DIAGNOSES (1)	ALERT	MESSAGE	DATE	RESULT	OWNER
HTN-E	Alcohol Screening	Overdue	7/26/2023		MA
	Depression Follow-Up	Missing Follow-up			Provider
	Depression Screen	Overdue	5/30/2025	Positive	MA
	Sexual Hist. Scr.	Missing			MA
	Tobacco Cess	Missing			MA
	Tobacco Scr	Overdue			MA
	Flu - Seasonal	Due Season	25-10-01		MA
	E/D Encounter	Occurred			Center

RISK FACTORS (2)	EMPLOYMENT	FOOD	HOUSING
BMI	TOB		
SDOH (12)			
CLOTHING	EMPLOYMENT	FOOD	HOUSING
FPL<200%	HOMELESS		
ISOLATION	RACE	RENT/MORTGAGE	
STRESS	TRANSPORT-NONMED	UTILITY	
RAF GAP DISEASE GROUPS			
Cardiovascular			

Future state – PVP to be implemented at Variety Care

Demo Data



PVP | Depression Screening – Enable Alerts



Alert Administration

depression

All Enabled Disabled

All In POC Measure Not In POC Measure

CATEGORY	NAME	PVP NAME	ENABLED	CONFIGURABLE	DESCRIPTION	OWNER	CREATED
Screening	Depression Remission	Depression Remission	Y	N	Alert will trigger if Depression Assessment Follow-Up PHQ-9 Calendar Year has not occurred, or if the Depression Assessment Follow-Up PHQ-9 Calendar Year value is >= 5. Patient must have Depression Assessment PHQ-9 > 9 or Depression Assessment Follow-Up PHQ-9 Calendar Year. Patient must not have Schizophrenia Psychosis First Dx or Pervasive Developmental Disorder First Dx or Palliative Care Services or Hospice Care or Personality Disorder Emotionally Labile First Dx or Bipolar Disorder First Dx. This alert is not configurable	MA	07/13/2020
Screening	Depression Screening	Depression Screen	Y	Y	Alert will trigger if Standardized Depression Screen has not occurred in the last 1 calendar year. Alert only applies to patients >= 12 yrs old. Patient must not have Depression Screen Refused or Depression Screen Contraindicated or Bipolar Disorder First Dx.	MA	07/13/2020
Screening	Depression Screening Followup	Depression Follow-Up	Y	N	Alert will trigger if patient had positive depression screen results AND had no depression follow-up performed on the same day of the screening or up to 2 days after screening. Patient must not have Bipolar Disorder First Dx, Depression Screen Contraindicated, or Depression Screen Refused. This alert is not configurable	Provider	07/13/2020
Screening	PHQ9 Utilization	PHQ9 Utilization	Y	Y	Alert will trigger if PHQ-9 Depression Screen has not occurred in the last 4 months. Alert only applies to patients >= 18 yrs old. Patient must have Major Depression or Dysthymia Diagnosis. Patient must not have Personality Disorder Emotionally Labile First Dx or Palliative or Hospice Care or Care Services in Long-Term Residential Facility or Bipolar Disorder First Dx.	MA	07/13/2020



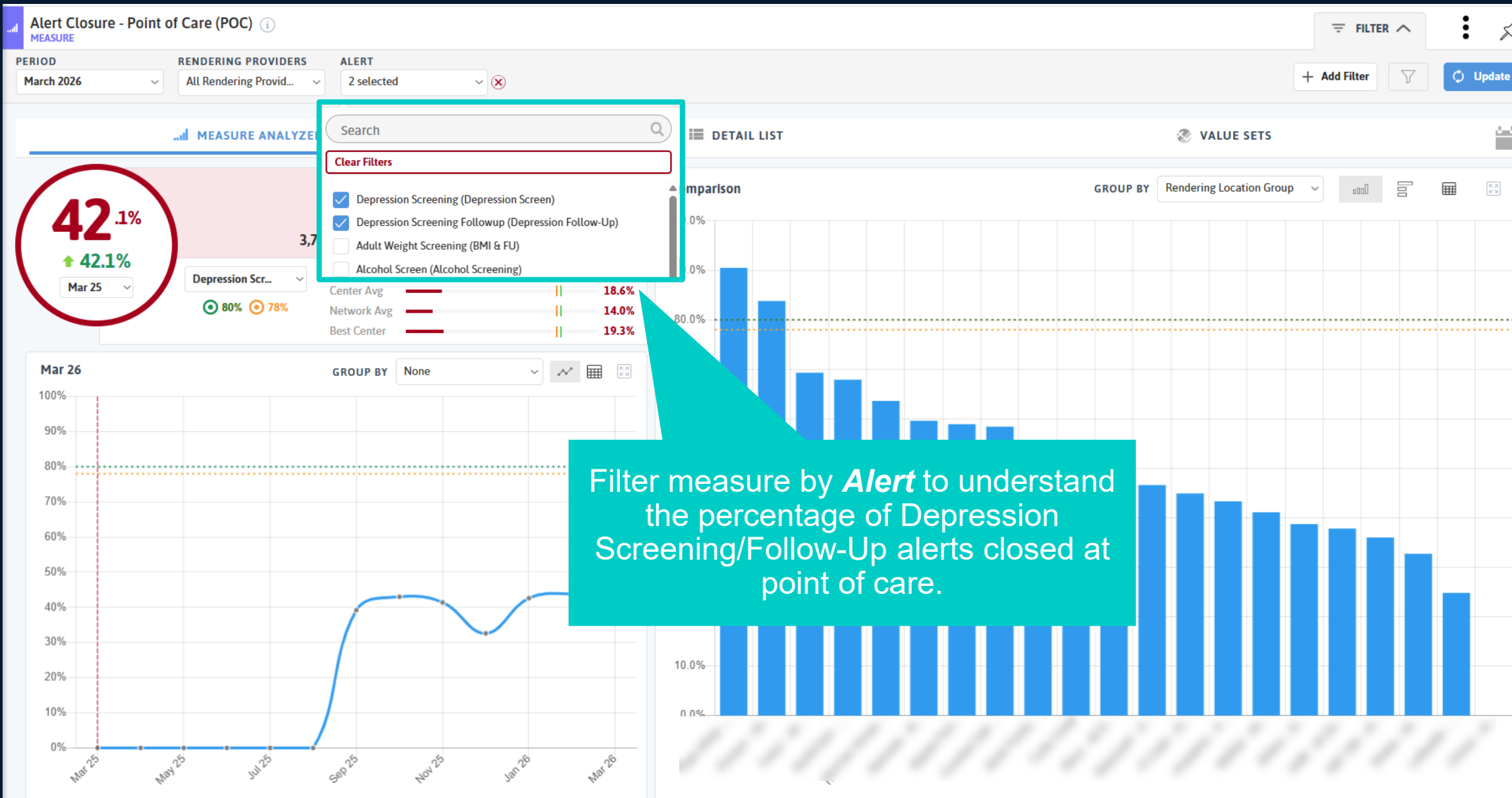
Assigning Alert Owners

Streamline your huddle process by assigning alert owners to enabled alerts. Rather than using huddle time to discuss who is going to address what alerts, practices can instead **use this time to discuss high-priority patients** with elevated risk levels, advanced care needs, or those requiring warm hand-offs/referrals.

ALERT	MESSAGE	DATE	RESULT	OWNER
Depression Screen	Missing			MA
Tobacco Scr	Missing			MA
BMI & FU	Missing			Provider



Results | Alert Closure – Point of Care (POC)



Results | Alert Closure – POC Gap List



Use Gap List of this measure week over week to facilitate conversation between care and quality team members around barriers to gap closure.

Alert Closure - Point of Care (POC) MEASURE

PERIOD: WE 03/15/26 - 03/21/26 | RENDERING PROVIDERS: All Rendering Provid... | ALERT: 2 selected

MEASURE ANALYZER | DETAIL LIST

Search Patients ...

All **Gaps** Num Excl

Reset Columns | SAVED COLUMNS

				APPT			ALERT		
				DATE	TYPE	REASON	NAME	OWN...	MESSAGE
				3/16/2026	TRANSITION ...	ER f/u	Depression Screen	MA	Overdue
				3/16/2026	TELEMEDICI...	Discuss medication	Depression Screen	MA	Overdue
				3/16/2026	TELEMEDICI...	Discuss medication	Depression Follow-Up	Provider	Missing Follow-up
				3/16/2026	TELEMEDICI...	Depression follow up	Depression Screen	MA	Overdue
				3/16/2026	ESTABLISHE...	Eye redness	Depression Screen	MA	Overdue
				3/16/2026	ESTABLISHE...	Back pain	Depression Screen	MA	Overdue
				3/16/2026	ESTABLISHE...	Dizziness	Depression Screen	MA	Missing
				3/16/2026	ESTABLISHE...	Check up and blood work	Depression Screen	MA	Overdue
				3/16/2026	TELEMEDICI...	Hospital f/u	Depression Screen	MA	Missing
				3/16/2026	TELEMEDICI...	Runny nose	Depression Screen	MA	Overdue
				3/17/2026	ESTABLISHE...	Sore throat	Depression Screen	MA	Missing
				3/17/2026	ESTABLISHE...	DM check	Depression Screen	MA	Overdue

1 to 12 of 32 | Page 1 of 3



Mind the Gap | Breakout Measures



Depression Screen Positive w/Follow-up (CMS 2v14 Breakout)

Endorser: None
Steward: NACHC

Patients aged 12 years and older with a positive screening for depression on the date of the qualifying encounter or 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool and a follow up plan documented on the date of or up to two days after the qualifying encounter.

Numerator:

Follow-up at a qualifying depression screening encounter must include one or more of the following:

- Referral to a practitioner who is qualified to diagnose and treat depression
- Pharmacological interventions (prescription of medication)
- Other interventions or follow-up for the diagnosis or treatment of depression, e.g. depression self-management

Denominator:

All patients aged 12 years and older at the beginning of the measurement period with at least one qualifying encounter during the measurement period and a positive depression screen.

- Age ≥ 12 at the start of the measurement period
- Measure qualifying visit in the last 12 months (See value set tab and technical specifications for qualifying visit codes)
- Positive Depression Screening Result (PHQ-2 ≥ 3 or PHQ-9 ≥ 10 or positive result from a standardized screening tool) in the last 12 months

Positive Results

- PHQ2 ≥ 3
- PHQ9 ≥ 10
- EPDS ≥ 10
- CAT-MH Depression Severity ≥ 66
- Geriatric Depression Scale Short Form (GDS) ≥ 5
- Geriatric Depression Scale Long Form (GDS) ≥ 10
- PSC-17 Internalizing ≥ 5
- Standardized Depression Screen = 'positive'
- cpt code = 'G8431' -- SCREENING FOR DEPRESSION IS DOCUMENTED AS BEING POSITIVE AND A FOLLOW-UP PLAN IS DOCUMENTED
- Center for Epidemiological Studies Depression Scale for Children (CES-DC) ≥ 15

*The denominator looks for the most recent depression screening, which is defined as a depression screening at or within 14 days prior to a qualifying encounter. Screenings that are not counted toward the denominator and therefore have no impact on the numerator compliance of a patient.

For more information on how Azara defines a positive screening click [here](#)

Use breakout measures to isolate & examine each part of the workflow.

Do breakdowns occur with screening or follow-up in the appropriate timeframe? Catch patients before they enter the gap.



MRN: DOB: CM:

Low (4)

PLAN: No plan found

DOCUMENTS: No documents available

Alerts 6

RAF Gaps

Referrals

Alert	Message	Date	Most Recent Result	Alert Owner
Adult Pneumo	Due		Due: PCV20, PCV21 or PCV15 Date: 7/25/2008 Most Recent: n/a (19+ CMC PCV-PPSV23)	MA
Depression Screen	Overdue	7/28/25	Negative	MA
E/D Encounter	Occurred	3/17/26	OU Medical Center	
Flu - Seasonal	Refused	3/16/20	Refused: 2026-03-04	MA
Sexual Hist. Scr.	Overdue	6/9/22	Y	MA
Tobacco Cess	Overdue	4/7/22		MA

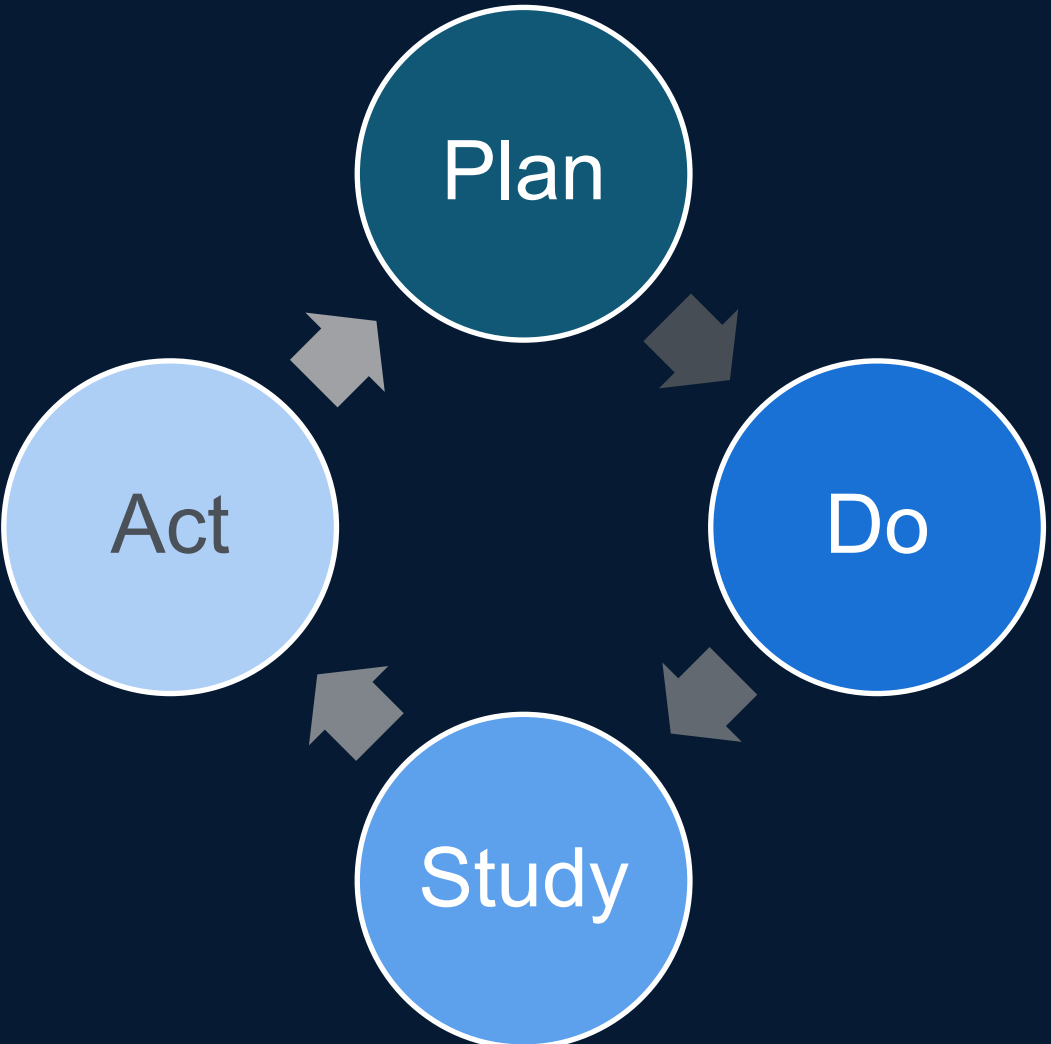
EHR Plug-In | Surfacing PVP Alerts PVP in EHR

Measuring & Sustaining Success | PDSA Cycles **15**

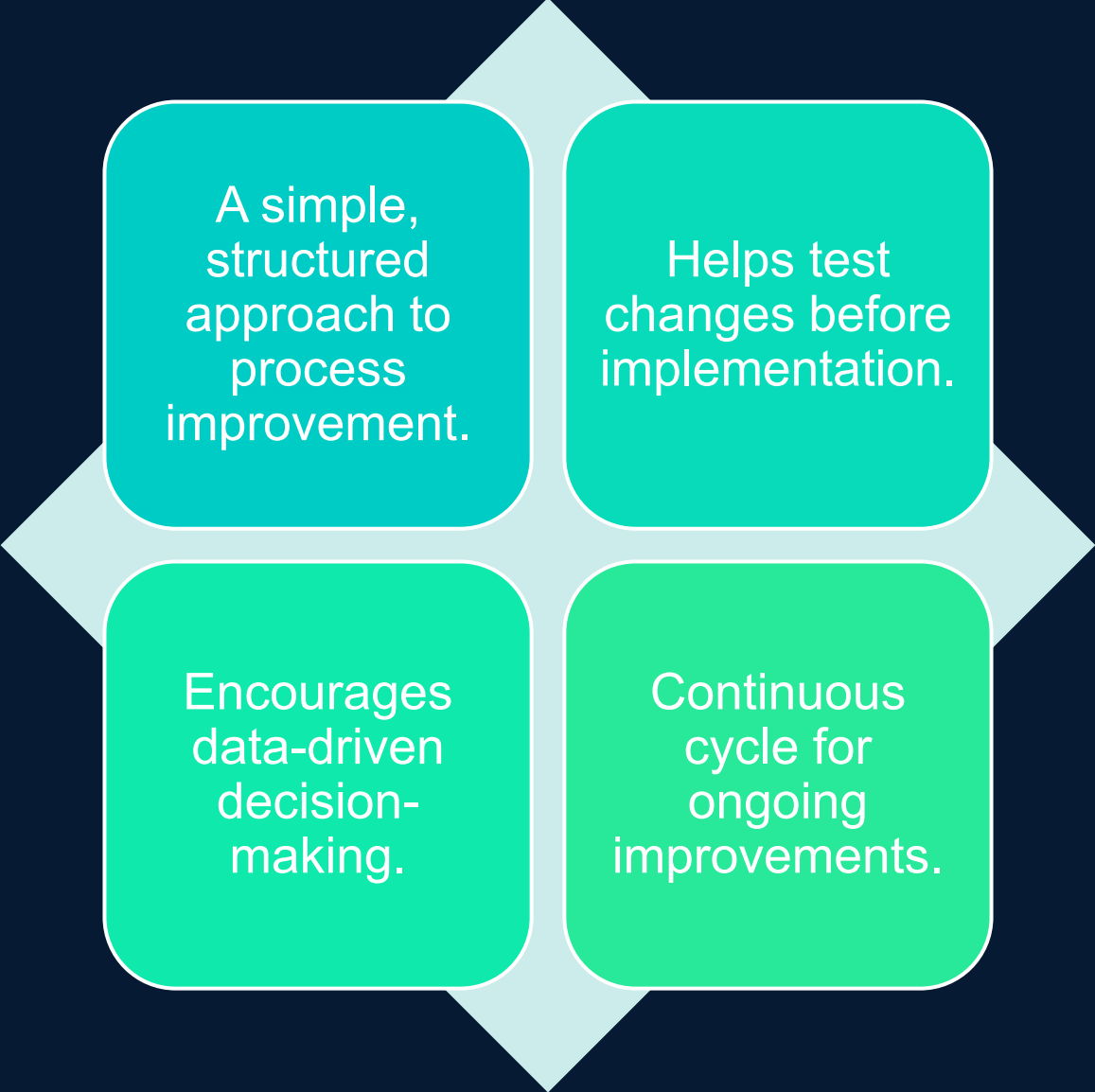
Promote continuous quality improvement.

Quick cycles of improvement activities to identify best practices.

Share best practices across the organization.



PDSA in Action | What to Remember



Sustaining Success & Continuous Growth

Data Hygiene is an ongoing effort!



Train Azara Users

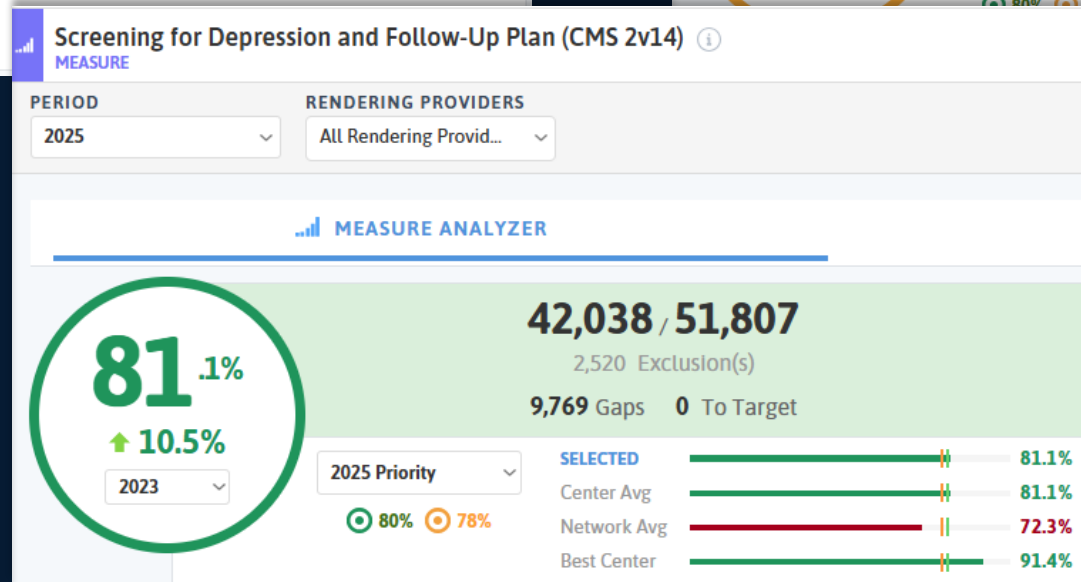
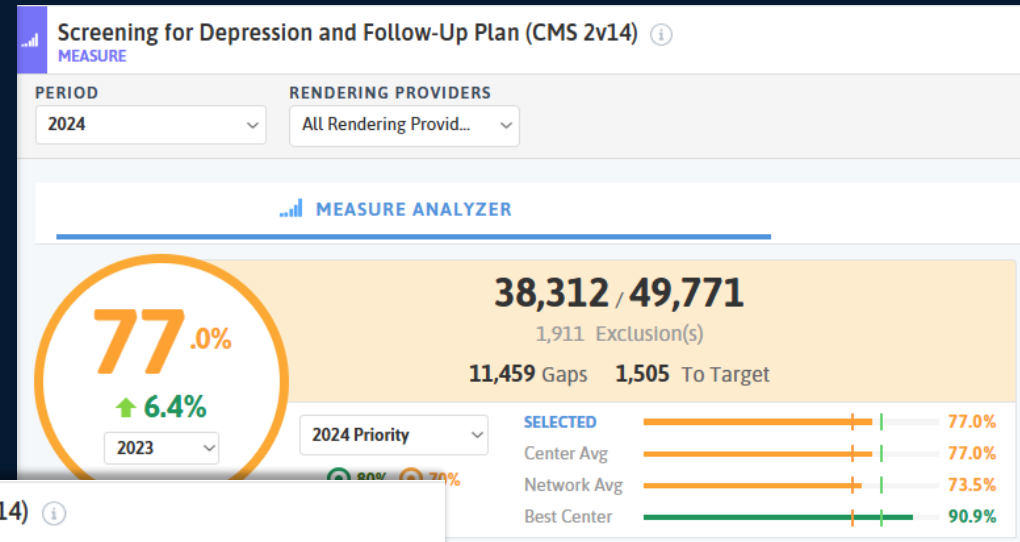
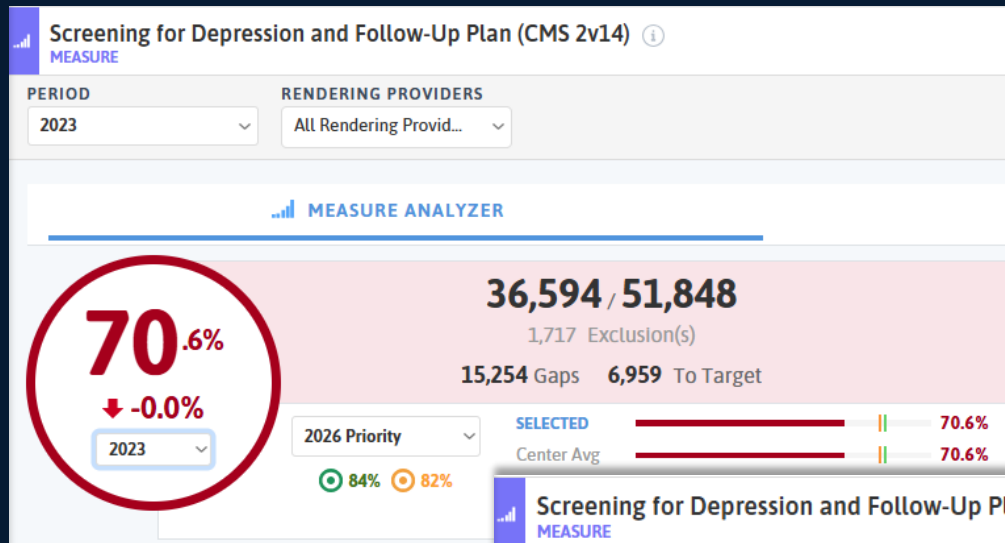


Map your EHR workflows in DRVS & continuously validate the data on an ongoing basis

Contact your DRVS Admin or the Azara Support Team for help with mapping workflows



Data Visualization | An Impetus for Change



A visualization turns data into a shared language.

↑ 10.5%
in CQM
Performance in
2 years!





THANK YOU!!



Contact information

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405-632-6688 Ext.17141



References:

¹(National Alliance on Mental Illness, 2025) <https://www.nami.org/wp-content/uploads/2025/05/Oklahoma-GRPA-Data-Sheet-8.5-x-11-wide.pdf>

²OK State Department of Mental Health estimates (2023 data)

³ 2018 Urban Institute Planning Report. *Prevention, Treatment, and Recovery: Toward a 10-Year Plan for Improving Mental Health and Wellness in Tulsa*
https://www.urban.org/sites/default/files/publication/97656/prevention_treatment_and_recovery_toward_a_10-year_plan_for_improving_mental_health_and_wellness_in_tulsa_1.pdf



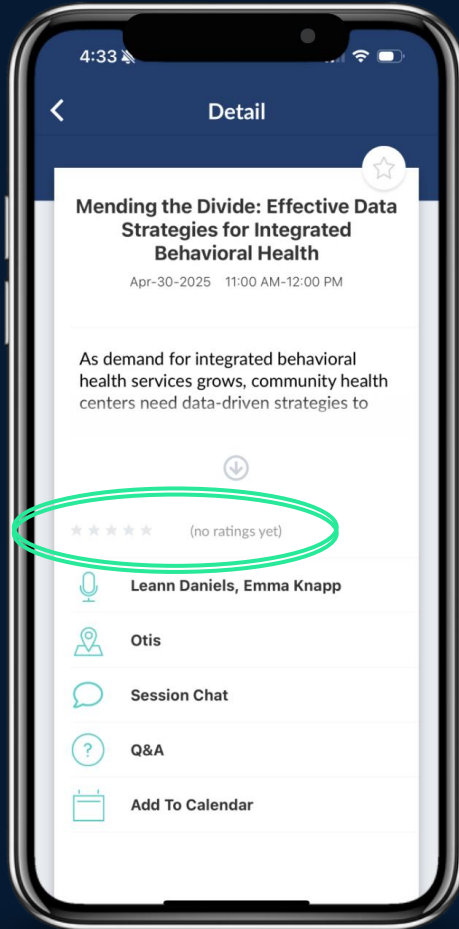


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Thanks for attending!

