

# IMPACT

## Implementation Planning

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

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OVER

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