

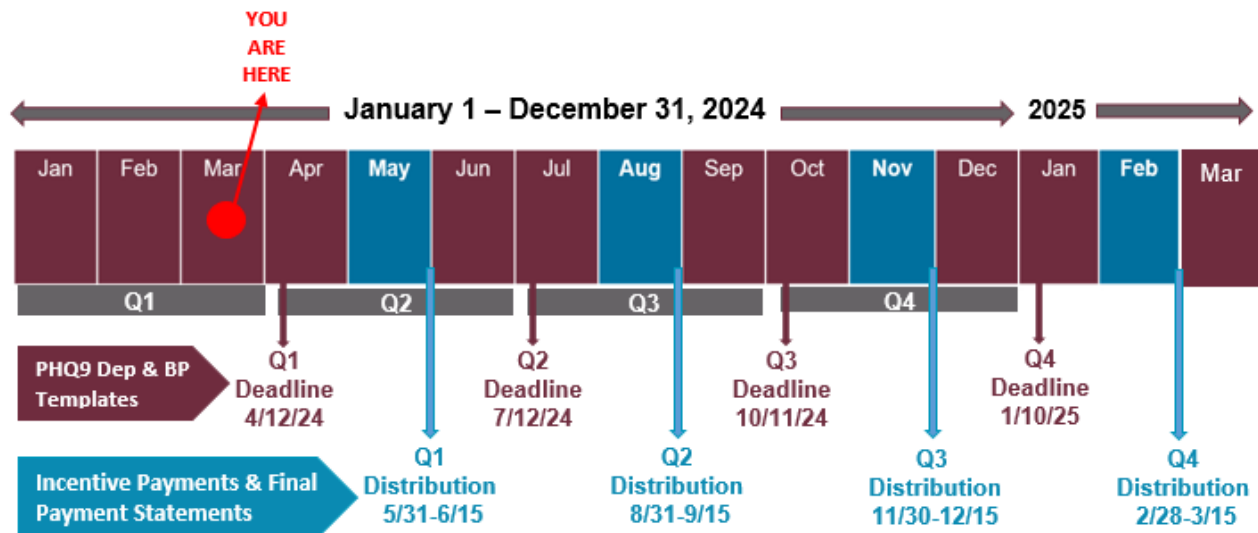
ENHANCED CARE MANAGEMENT QUALITY IMPROVEMENT PROGRAM (ECM QIP)

QUARTERLY NEWSLETTER 1st Quarter 2024

WELCOME!

2024 marks the third year of offering incentives to our ECM contracted providers through Partnership HealthPlan of California's ECM QIP. We are excited to launch our first quarterly ECM QIP Newsletter. Enjoy!

2024 ECM QIP TIMELINE & DEADLINES



NEW! DEPRESSION SCREENING OPTIONS FOR MEMBERS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

The Patient Health Questionnaire continues to be the acceptable depression screening tool for use when screening Partnership members for the 2024 ECM QIP depression screening measure. The PHQ-9 tool is still preferred; and you may use the PHQ-2 if needed. Recently, however, the ECM QIP team has received inquiries from ECM providers about whether to screen or exclude Partnership members with intellectual disabilities, developmental disabilities, dementia, short-term memory loss, as well as non-verbal members because they are difficult to appropriately screen for depression. Providers and caregivers may be unable to detect signs or symptoms of depression or may attribute concerns to the person's disability rather than to depression (Hsieh, Scott & Murthy, 2020).

Because it is important to screen all members for depression, Partnership approved two screening tool options for screening Partnership members with these types of disabilities. Dr. Robert Moore, Partnership’s Chief Medical Officer, recommends the **Geriatric Depression Scale Short Form (GDS)** as a first choice. If the member cannot respond to the GDS screening, the screening should be done based on examination by the clinician. Another option is the use of the **PHQ-9 Observation Version (OV)**. In this version, the questions are answered by a caregiver, nurse or someone who interacts with the member on a frequent basis. If this version is used, it can be coded like the PHQ-9.

Tool	Positive Finding
Geriatric Depression Scale Short Form (GDS)	Total Score ≥ 5
Patient Health Questionnaire (PHQ-9) (OV) (Observational Version)®	Total Score ≥ 10

NOTE: These depression screening tools are for use with screening the above-mentioned Partnership members only. All other members must continue to be screened using the PHQ-9 or PHQ-2 depression screening tools.

These options were added to the 2024 ECM QIP Specifications, and the PHQ-9 Depression and Blood Pressure Screening Submission Template were revised. To view these documents, please visit our [ECM QIP webpage](#).

Hsieh K, Scott HM, Murthy S. Associated Risk Factors for Depression and Anxiety in Adults With Intellectual and Developmental Disabilities: Five-Year Follow Up. Am J Intellect Dev Disabil. 2020 Jan;125(1):49-63. doi: 10.1352/1944-7558-125.1.49. PMID: 31877262; PMCID: PMC7959169.

TIPS TO SUCCESS

At Partnership, we want you to be successful. Your success works well for you, your patients and our members. Here are some tips to help you succeed in this year’s measures.



Before you Begin!

- ☑ Know your measures!
- ☑ Know your deadlines!
- ☑ Know your data!
- ☑ Plan ahead!
 - Create a checklist and/or action plan to conquer each measure.
 - Appoint one team member in your organization to lead each measure. Change it up next quarter.
 - Schedule monthly meetings to stay on goal, and schedule weekly meetings when closer to the finish line.

Gateway Measure: Timely Reporting

- ☑ Know your reporting due dates! Partnership's CalAIM/ECM Team does a great job sending report due date reminders. If you have any questions or concerns, please contact the CalAIM ECM Team at ECM@partnershiphp.org.
- ☑ Submit quality reports. The addition of a quality component is currently under consideration for this measure.

Measure 1: Care Plan and ROI entered into PointClickCare within 60 days

- ☑ Within 60 days of what?
 - New TARs: within 60 days of the TAR authorized request date
 - TAR renewals: within 60 days of the TAR authorized renewal request date

Measure 2: PHQ-9 Depression Screening

- ☑ Depression screening scores from previous quarters can be used in the 2024 measurement year if score was captured within 12 months **and** the previous score was normal. If the previous score was 15 or higher, providers must complete the screening every quarter until the result is normal.
- ☑ Providers may use the Patient Health Questionnaire-2 (PHQ-2) to complete a screening; however, if the PHQ-2 score is three (3) points or higher, the provider must complete the screening again using the PHQ-9.

Measure 2: Blood Pressure Screening

- ☑ Blood pressure screening results from previous quarters can be used in the 2024 measurement year if captured within 12 months **and** the previous result was normal. Normal blood pressure is either SBP < (less than) 140 or DBP < (less than) 90. If the previous result was either SBP ≥ (equal to or greater than) 140 or DBP ≥ (equal to or greater than) 90, providers must complete the screening every quarter until the result is normal.

PHQ-9 Depression Screening & Blood Pressure Screening Submission Template

- ☑ Know your deadline! The submission template is always due two Fridays after the end of the quarterly reporting period. Refer to the timeline at the beginning of this newsletter.
 - Example: March 31, 2024 is the end of the quarterly reporting period. The submission template deadline is Friday, April 12, 2024.
- ☑ Use the current 2024 submission template located on the [ECM QIP webpage](#). Do not change the columns or rows of the template.
- ☑ The submission template must be sent in the Excel format. PDF or scanned handwritten templates will be rejected.

- ☑ The submission template must be sent through the sFTP folder. Outlook email submission will be rejected.
- ☑ Include all information on the template. Missing information will not receive credit.
- ☑ Confirm no screening dates are entered after the quarterly reporting period. Screening dates after the end of the quarter will not receive credit.
 - Example: The 2nd quarter reporting period ends March 31, 2024. Some screening dates were entered in April 2024.
- ☑ Confirm all screening dates entered from previous quarters in 2024 (or in 2023) within the 12-month requirement.
 - Example: A screening date of 6/15/2023 used in a submission template for the 2024 2nd quarter reporting period (April-May 2024) is acceptable because it is within the 12-month requirement. However, screening date of 1/20/2023 is not acceptable because it is after the 12-month requirement.
- ☑ If the PHQ-2 tool was used, add “PHQ-2” in the “Score” column of template.

PHQ-9 Depression Screening	
Screening Date	Score
3/12/2024	1 PHQ-2

REACH OUT & RESOURCES

- ☑ Please reach out to us at ECMQIP@partnershiphp.org. We always are here to help and we welcome your questions.
- ☑ The 2024 ECM QIP Program Specifications are a valuable resource and always available to you by visiting our [ECM QIP webpage](#).

YOUR ECM QIP TEAM

Amy McCune, QIP Manager

Deanna Watson, Program Manager

Our team wishes to thank you! You have and continue to play a vital role in providing quality care to our members, and we truly appreciate all you do. Please contact us at ECMQIP@Partnershiphp.org with any questions or feedback regarding the ECM QIP.