



## COMPASS

### **Office Workflow Examples Overview**

These office workflow examples are shared from the Pittsburgh Regional Health Initiative (PRHI) teams in Pennsylvania. These documents represent the local workflows and do not represent “Best Practice” in an evidenced based fashion. The best practice is to create a workflow, try it, and then use QI methods (e.g., Lean) to continuously improve it at the frontline.

## PHQ2 & PHQ-9 Workflow Premier Medical Group – PRHI

### I. PROCESS FOR DISTRIBUTING AND DOCUMENTING PATIENT HEALTH QUESTIONNAIRE

1. A designated staff person in each office (medical records or practice assistant) will use a “COMPASS criteria list” to pre-identify patients with Medicare or Medicaid insurance. This person will be responsible for ensuring that the patients coming in with Medicare or Medicaid insurance who are 18 years of age and older have a PHQ-9 form set aside for them to be given at check-in.
2. Each pre-identified patient coming into the office for any reason (except post-hospital visits) will be given a patient health questionnaire when checking in.
  - When giving this form to the patient, the practice assistant should say:

“Your doctor has asked that you complete this form prior to being seeing today. If you need assistance with this form or if you have any questions about it, the Medical Assistant who brings you to the exam room will be happy to assist you.”
  - If a patient who does not get a form asks why they were not given a form, the practice assistant should say:

“These forms are something we give to our Medicare and Medicaid patients. Even though you did not get this form, your doctor will likely discuss the questions that are on the form with you while you are in the exam room at your visit today.”
3. The patient should complete the PHQ-2 and, if needed, the PHQ-9 while in the waiting room. The Medical Assistant who rooms the patient will enter the PHQ-2 score into the vital signs. If the patient completed the PHQ-9, the medical assistant should also enter this score into the vital signs. If the patient did not have a chance to complete the PHQ-9 the Medical Assistant who is rooming the patient should help the patient to complete it during the rooming process and put the score into the vital signs.
4. The physician seeing the patient should view the PHQ-2 and PHQ-9 scores both in the vital signs and on the paper the patient completed. The physician must document this information in the HPI form in the note. Once the information is documented in the physician’s note, the form completed by the patient may be shredded.

### II. PROCESS FOR REFERRING PATIENTS TO COORDINATOR

1. The physician will be responsible for identifying whether or not a patient meets COMPASS criteria and if that patient should be referred to the patient care coordinator (PCC) (See COMPASS Criteria Form). The physician will know that patients who are given a patient health questionnaire form at check-in meet the COMPASS insurance requirements. However, in addition to meeting insurance requirements, the patient must also have a diagnosis of diabetes and/or heart disease that is uncontrolled in order for the patient to meet the requirements necessary to refer the patient to the PCC. Patients should not be referred to the PCC for depression management or COMPASS care if they do not meet COMPASS criteria.
2. If the physician determines that a patient meets COMPASS criteria, he or she should put a “COMPASS Coordinator” referral in the EHR at the time of the office visit. Before leaving the

office, the patient should either be introduced to the PCC or should be notified that the PCC will be contacting them to discuss COMPASS care.

3. After the PCC makes an initial contact with the patient regarding COMPASS care, the PCC will complete the COMPASS coordinator referral and will follow-up with the patient as indicated.

### **III. PROCESS FOR SCREENING PATIENTS WHO DO NOT MEET COMPASS CRITERIA**

1. When a patient does not meet COMPASS criteria (i.e. they do not have Medicare or Medicaid insurance) the patient will not receive the patient health questionnaire at check-in. However, the primary care physician (PCP) is still responsible for completing the patient health questionnaire in the note at least yearly for these patients.
2. Patients identified as having a positive patient health questionnaire should not be referred to PCC when COMPASS criteria are not met. However, these patients should have appropriate follow-up care as decided upon by the PCP and psychiatrist. Depression Management Guidelines will be posted in each exam room for the PCP's reference upon caring for these patients. Guidelines are a recommendation for treatment, not a requirement.

### **IV. ATTACHED DOCUMENTS FOR REFERENCE**

1. COMPASS Criteria
2. Patient Health Questionnaire (PHQ)

## COMPASS Criteria

- Diagnosis of heart disease and/or diagnosis of diabetes, preferably uncontrolled:
  - A1c  $\geq$  8.5 **OR**
  - SBP  $\geq$  145 **OR**
  - LDL  $\geq$  130
  - Recent hospitalization for diabetes and/or heart disease
- PHQ-9 score > 9
- Medicaid or Medicare insurance:

### Medicaid Insurances

- UHC for Kids (UHCKIDS)
- UPMC for You MA HMO (UPMCFORY)
- Medicaid PA (MCDPA)
- Caresource (CARESOUR)
- Gateway Health Plan (GTW69360)
- Coventry Cares (COVCARES)
- UHC Comm Medicaid PA/OH (UHCOMMA)

### Medicare Insurances

- Advantra (ADVANTRA)
- Advantra Freedom (ADVFREED)
- Bravo (BRAVO)
- Gateway Medicare Assured (GTW69359)
- Humana (HUMANA)
- Medicare (MCRPA)
- Railroad Medicare (RAILROAD)
- Security Blue/Freedom Blue (SECFREED)
- Tricare for Life (TRICFRLF)
- United Health Care Medicare Advantage (UHCMA362)
- UHC Community Plan Medicare (UHCOMMCR)
- United Mine Workers (UMWA)
- UPMC for Life (UPMCFORL)
- UPMC for You Advantage (UPMCFYAD)

## Patient Health Questionnaire

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

| Over the past 2 weeks, how often have you been bothered by any of the following problems? (circle your answer) | Not at all | Several days | More than half the days | Nearly every day |
|--|------------|--------------|-------------------------|------------------|
| 1. Little interest or pleasure in doing things.  | 0          | 1            | 2                       | 3                |
| 2. Feeling down, depressed, or hopeless.   | 0          | 1            | 2                       | 3                |
| ADD COLUMNS  |            |              |                         |                  |

Total score: \_\_\_\_\_

**Instructions:** Please take a minute to add up your total score from the first 2 questions. **IF** your score is 3 or higher, please go to the next section to complete questions 3-10 and discuss this with your doctor at your visit today. If your score is less than 3, you do not need to answer any more questions.

| Over the past 2 weeks, how often have you been bothered by any of the following problems? (circle your answer)   | Not at all | Several days | More than half the days | Nearly every day |
|--|------------|--------------|-------------------------|------------------|
| 3. Trouble falling or staying asleep, or sleeping too much   | 0          | 1            | 2                       | 3                |
| 4. Feeling tired or having little energy   | 0          | 1            | 2                       | 3                |
| 5. Poor appetite or overeating   | 0          | 1            | 2                       | 3                |
| 6. Feeling bad about yourself-or that you are a failure or have let yourself or your family down.  | 0          | 1            | 2                       | 3                |
| 7. Trouble concentrating on things, such as reading the newspaper or watching TV.  | 0          | 1            | 2                       | 3                |
| 8. Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual. | 0          | 1            | 2                       | 3                |
| 9. Thoughts that you would be better off dead, or of hurting yourself in some way  | 0          | 1            | 2                       | 3                |
| ADD COLUMNS  |            |              |                         |                  |

Total Score of both sections: \_\_\_\_\_

|  |  |
|--|--|
| <p>a. If you checked off <i>any</i> problems, how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people?</p> | <p>Not difficult at all _____</p> <p>Somewhat difficult _____</p> <p>Very difficult _____</p> <p>Extremely difficult _____</p> |
|--|--|

PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.

# Excela COMPASS Work Flow

Identification, Screening, and Engagement

