



Pennsylvania Performance Measures

Perinatal Depression Screening (PDS)

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- What Does Perinatal Depression Screening (PDS) Measure?
- Examples of Depression Screening Tools
- Questions Used to Screen for Depression
- Use of the Obstetrical Needs Assessment Form (ONAF)
- Examples of Accepted Documentation
- How HPP Can Help
- Questions

What Does Perinatal Depression Screening (PDS) Measure?

The PDS measure assesses the percentage of members who were screened for depression:

- During a prenatal care visit
- During a prenatal care visit using a validated depression screening tool.
- During the time frame of the first two prenatal care visits
- Screened positive for depression during a prenatal care visit.
- Screened positive for depression during a prenatal care visit and had evidence of further evaluation or treatment or referral for further treatment
- During a postpartum care visit.
- During a postpartum care visit using a validated depression screening tool.
- Screened positive for depression during a postpartum care visit.
- Screened positive for depression during a postpartum care visit and had evidence of further evaluation or treatment or referral for further treatment.

What Does Perinatal Depression Screening (PDS) Measure?

- Medical records will be collected by Health Partners Plans for chart review. This measure is **a chart review measure**, which means that coding submitted on a claim will not be counted.
- All documentation in the medical record must be:
 - Dated
 - Signed by the practitioner (MD, DO, PA, CRNP)
- Visits may be face-to-face, e-visit or telehealth.
- The sample for this measure is all women who had a viable birth between October 8 of the year prior to the measurement year and October 7 of the measurement year.
- The time period for the post partum visit is 7 to 84 days after delivery.

Examples of Depression Screening Tool

Validated depression screening tools examples:

- The Edinburgh Postnatal Depression Scale (EPDS)*
- Patient Health Questionnaire (PHQ)-2 and PHQ-9 Tools*
- Beck Depression Inventory (BDI 1a, II)
- Hamilton Rating Scale for Depression (HRSD)
- General Health Questionnaire (GHQ-D)
- Postpartum Depression Screening Scale (PDSS)
- Hospital Anxiety and Depression Scale (HADS)
- Generalized Contentment Scale

* The most frequently seen tools being used in medical records

Questions Used to Screen for Depression

Questions maybe used in lieu of using a validated depression tool. Some examples of questions are:

- Over the past two weeks, have you felt down, depressed, or hopeless?
- Have you felt little interest or pleasure in doing things?
- How has your overall mood been for the past two weeks?
- How's your concentration?
- Do you feel like life is not worth living?
- Have you been feeling down on yourself?
- Do you have any plans to hurt yourself?
- Evidence of active treatment for depression
- Notations about sadness or "Baby Blues"

Use of the Obstetrical Needs Assessment Form (ONAF)

- The Obstetrical Needs Assessment Form (ONAF) is acceptable evidence that screenings and/or referrals, advice, or counseling were performed.
- The documentation must include:
 - The date of the screening;
 - The tool used;
 - The score of the tool
- The information documented in the ONAF **must be recorded** in the medical record.

Use of the Obstetrical Needs Assessment Form (ONAF)

- The ONAF has areas that can be used to document depression screenings:
 - Prenatal – the top of the ONAF form:

This screenshot shows the top portion of the ONAF form, specifically the prenatal section. It includes fields for 'Date/Last Chlamydia Screen' with a date input and 'N/A' and 'Refused' checkboxes. There are also checkboxes for '17P Candidate?' with 'Yes' and 'No' options, and 'Depression Present?' with 'Yes' and 'No' options. Below these are fields for 'Validated Depression Tool Used? List:', 'Score', 'Date', 'Referral' with 'Yes' and 'No' checkboxes, and 'Follow-up Date'.

- Postpartum – the lower right area of the form:

This screenshot shows the lower right portion of the ONAF form, specifically the postpartum section. It includes a 'Postpartum Visit (Between 21-56 days after delivery)' section with a 'Visit' date field and a 'Feeding Method' section with 'Breast', 'Bottle', and 'Both' checkboxes. Below this is a section for 'PP Contraception Discussed:' with 'Yes' and 'No' checkboxes and a 'Contraception Plan' field. Further down are 'PP Depression Present:' with 'Yes' and 'No' checkboxes, and a 'Validated Depression Tool Used? List:' field. The bottom right corner includes a 'Date Admin:' field.

Examples of Positive Findings for Depression Documentation

- The following findings could be indicative of a positive screening for depression:
 - Diagnostic confirmation; or
 - Documentation that the depression screening tool scores are above the threshold; or
 - Documentation that the member is at risk for depression, hx of depression alone will not count, documentation must state that the member is currently at risk for depression.
- Affirmative answers to self-harm questions, thoughts about death, or suicidal ideation or a suicide risk assessment checklist.
- Evidence that the member is being actively treated for depression.
 - If the member is actively being treated for depression this counts as:
 - Screening
 - Positive screening
 - Evidence of treatment/referral for treatment

Examples of Documentation That Does Not Count for Positive Depression Screenings

- Mental health assessment for other conditions (ADHD, anxiety, bipolar),
- An assessment for depression conducted prior to the pregnancy or after the postpartum period,
- Use of “psychiatric” or “mental health” check boxes or global statements of “normal” without indication that depression screening was specifically included.
- Use of a checklist indicating mental health was addressed without specific reference to depression.
- Prescription of antidepressant medication for smoking cessation.

Examples of Documentation That Could Count as Treatment or Referral for Depression

- Notation that the provider discussed treatment options for depression with the member
- Prescription of an antidepressant after a positive screening
- Documentation that the member is in psychotherapy,
- Recommendations for lifestyle changes such as exercise for the purpose of addressing depressive,
- Evidence of active treatment for depression.

How HPP Can Help

- HPP has a perinatal case management program call Baby Partners
 - <https://www.healthpartnersplans.com/providers/plan-info/baby-partners>
- The Baby Partners clinical team works with our pregnant members to provider telephonic care management during the prenatal and postpartum period.
 - Staffed by nurses and social workers
 - Can coordinate appointments for mom and newborn
 - Can assist with transpiration to medical and behavioral health appointments
- You can refer your pregnant patients to Baby Partners two ways:
 - Call 215-845-4797
 - Email ClinicalConnections@hpplans.com

Questions?

Please contact ProviderEducation@hpplans.com

or

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