

Depression Screening and Follow-Up

STRATEGIC MEASURE PROFILE

Why This Measure Matters

Depression is common, treatable, and associated with serious health risks, including suicide and cardiovascular death. Nationally, approximately one in 12 adults reports depression, and one in nine women experiences postpartum depression. Screening creates an opportunity to identify symptoms earlier and connect patients with effective follow-up care.

Behavioral health needs are substantial in rural Northern California: 37.9% of low-income adults and 33.7% of teens report needing help with emotional or mental health problems. The Northern and Sierra region has a suicide rate of 21.1 per 100,000—about twice the California average of 10.4. Many people who attempt suicide have a healthcare visit in the preceding weeks or months.

Improving depression screening and follow-up strengthens early identification, supports suicide prevention, and helps health centers connect patients with medication, therapy, behavioral health services, and social supports.

Measure Alignment

MEASUREMENT SYSTEMS	CLINICAL PORTFOLIO	ALIGNMENT LEVEL
✓ HEDIS X QIP ✓ UDS ✓ PHMI	Behavioral Health	MODERATE

Depression Screening and Follow-Up aligns behavioral health priorities across multiple measurement systems. Improvement requires both broad screening reach and reliable action when a screen is positive, supporting reporting, managed care performance, integrated care, and patient safety.

Understanding the Improvement Strategy

HEDIS	UDS
POPULATION HEALTH PERSPECTIVE	CARE DELIVERY PERSPECTIVE
Key question: Which eligible patients have not been screened, and which positive screens still need documented follow-up?	Key question: At each eligible visit, are we screening with a standardized tool and acting on positive results?
COMMON STRATEGIES - Population lists and care gap reports - Outreach and appointment reminders - Track positive screens and follow-up status - Monitor disparities by population	COMMON STRATEGIES - PHQ-2, PHQ-9, or PHQ-A workflows - EHR prompts and documentation templates - Same-day follow-up plan for positive screens - Integrated primary and behavioral health care

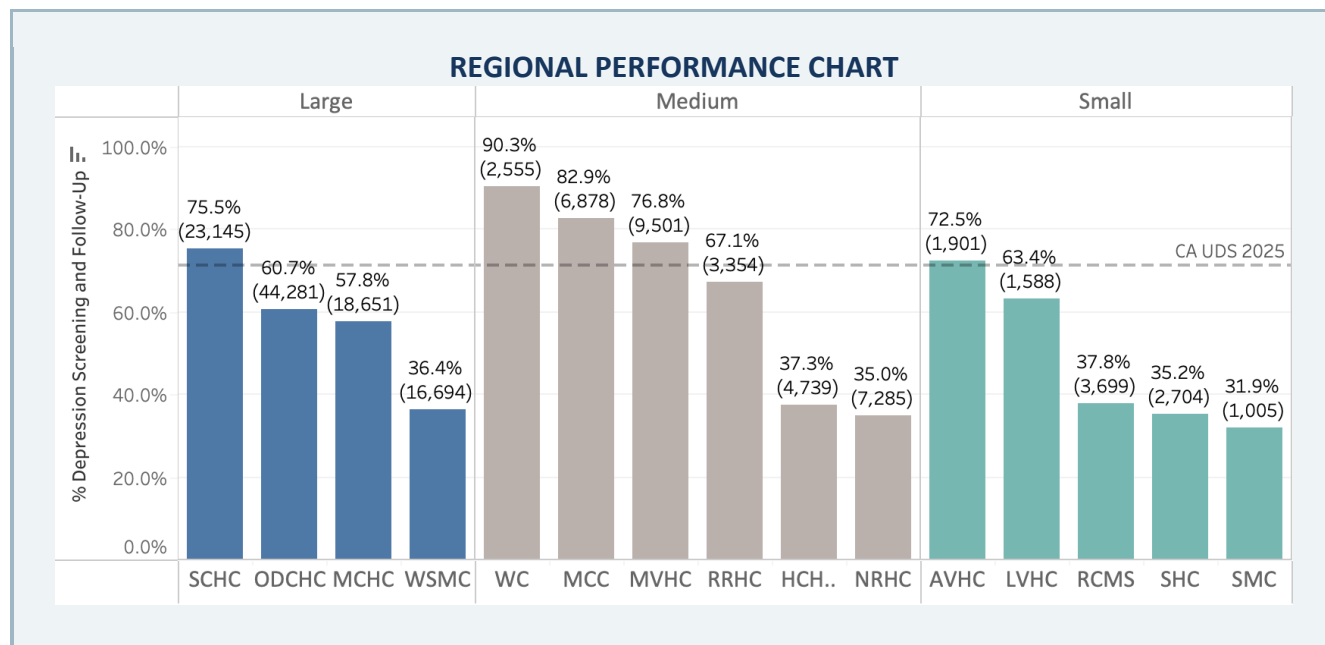
Strategic takeaway: Strong performance requires consistent standardized screening and a documented, clinically appropriate follow-up plan on the date of every positive screen.

Rural Northern California Performance

Regional Insights

- EHR health-maintenance alerts can help clinicians and care teams complete at least annual depression screening.
- Not all EHRs reliably capture follow-up interventions, requiring some health centers to develop manual or complex processes for medications, services, and referrals.
- As regional health centers have increased integration of primary care and behavioral health, measure performance has improved.

2025 REGIONAL PERFORMANCE



Performance Reflection

- How does our performance compare with regional peers?
- Are positive screens receiving a documented follow-up plan on the same date?
- Do documentation or referral workflows create avoidable reporting gaps?
- Should Depression Screening and Follow-Up be considered a quality improvement priority this year?

Quality Measure Definition (UDS)

Percentage of patients age 12 and older who were screened for depression on the date of the visit using an age-appropriate standardized tool and, if positive, had a follow-up plan documented on the date of the positive screen.

National and State Quality Benchmarks

BENCHMARK	REFERENCE VALUE / INTERPRETATION
QIP partial-points threshold	75th percentile nationally for Medicaid health plans, as reported by NCQA HEDIS in the year prior to the QIP measurement year.
California and U.S. UDS	CA UDS 2025: 71.2% US UDS 2025: 75.3%

Use this profile to connect measure alignment, regional performance, and improvement strategy during annual quality planning.