**Screening and Assessment Metric Specifications By Clinic by Month**

**Screening Rates:**

In-person or virtual primary care encounters (among adults 18+) in the last year, with EHR documentation of behavioral health screening with a PHQ2, AUDIT-C, Marijuana, and Drugs questions. Analysis is done by clinic at the monthly level and presented by current month and sequentially going back monthly over 12 months.

Below are defined the definitions of the denominator and numerators to be used in the reporting rates.

* Denominator: Monthly rates of primary care encounters , virtual or face-to-face (one per day allowed).
	+ Exclude patients with active dementia and those receiving end-of-life care
	+ Include encounters with the following department, visit, and provider types
		- Department types allowed:
			* Pediatrics
			* Family Practice
			* Internal Medicine
			* Residency
			* General Internal Medicine
		- Visit types allowed:

All Face-to-face & Telehealth Encounters

* + - Provider types allowed:
* Physician
* Osteopath
* Nurse Practitioner
* Physician Assistant
* Physician Assistant Certified
* Numerator: Of those in denominator, the number of encounters with an EHR-documented PHQ2, AUDIT-C, Marijuana single item, or Drug single item on the day of the appointment or within the last year.

**Depression Assessment**

* Denominator: Number of encounters with EHR-documentation of a positive PHQ2 (PHQ2 = 2 or 3 on either question #1 or #2) on the day of their encounter OR most recent screen in the past year was positive. The last screening/visit day will be used to define positive assessments.
* Numerator: Of those in denominator, the number of encounters with EHR-documentation of a PHQ9 within the year prior to or on the visit.

**Alcohol Assessment:**

* Denominator: Number of encounters with EHR-documentation of a high-risk AUDIT-C positive in the past year. High-risk AUDIT-C = total score ≥7. Also defined group positive for alcohol misuse that should have received an alcohol brochure as AUDIT-C 3-6. The last screening/visit day will be used to define positive assessments.
* Numerator: Of those in denominator, the number of encounters with EHR-documentation of assessment with the Alcohol Symptom Checklist within the year prior to or on the visit date.

**Marijuana Assessment:**

* Denominator: Number of encounters with EHR-documentation of a positive marijuana screen in the past year. Positive marijuana = 4. The last screening/visit day will be used to define positive assessments.
* Numerator: Of those in denominator, the number of encounters with EHR-documentation with assessment with the Substance Use Symptom Checklist within the year prior to or on the visit date.

**Other Substance Use Assessment:**

* Denominator: Number of encounters with EHR-documentation of a positive drug screen in the past year. Positive drug screen ≥1. The last screening/visit day will be used to define positive assessments.
* Numerator: Of those in denominator, the number of encounters with EHR-documentation of assessment with the Substance Use Symptom Checklist within the year prior to or on the visit date.

**Suicide Risk Assessment:**

* Denominator: Number of encounters with EHR-documentation of a positive PHQ9#9 on their most recent screen. Positive PHQ9#9 = 2 or 3 (PHQ9#9 =0 or 1 removed from denominator).
* Numerator: Of those in denominator, the number of encounters with EHR-documentation of assessment with the Columbia Suicide Severity Risk Assessment on the day of the PHQ-9 assessment or in following 14 days.

*Limitation: Monthly reports pulled prior to 15th day of the following month may be missing completed suicide risk assessments.*

**NOTES**

**Missing Data Rules**

*Screening*

* AUDIT-C: must have all 3 complete unless first item is 0 then we can impute 0s for other 2 items
* PHQ-2: both items required to count as non-missing
* Marijuana: single item required to count as non-missing
* Drugs: single item required to count as non-missing

*Assessments*

* Depression Assessment: PHQ-9: 6 complete to count as non-missing
* AUD Assessment: 2 or more complete to count as non-missing
* SUD Assessment: 2 or more complete to count as non-missing
* Suicide Risk Assessment: Only the 9th item of the PHQ-9 will be used to determine if a suicide risk assessment is needed.
* Suicide Risk Assessment : at least 1 complete to count as non-missing