



Powered by The Valley Health System and Kindred Hospitals



June 2025

Newsletter

Volume

120

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#VegasStrong

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Practice Meeting Date Change!

The Northern Nevada Quarterly Practice Meeting has changed from Thursday, July 31 to Tuesday, July 29, 2025. The location will still be Northern Nevada Sparks Medical Building, Suite 201 and the meet and greet begins at 5 pm. We look forward to seeing you there.

Spotlight: Depression Screening and Follow-up Plan

Depression is a very common and serious mental health disorder that, according to the World Health Organization (WHO), affects approximately 280 million people worldwide. People experience depression in diverse ways including disturbed sleep, changes in appetite, feelings of sadness and angry outbursts just to name a few. This disorder can lead to additional problems in all aspects of someone's life including home life, interpersonal relationships, and professional settings. Due to the increased awareness of this disorder, it is essential to understand this disease, how it impacts patients and the importance of screenings and follow-up care.



While women are more likely to experience depression over men, depression can happen to anyone. In 2021, the National Institute of Mental Health (NIHM) estimated that 21.0 million or 8.3% of adults (18 and older) in the United States have experienced at least one major depressive episode. Of those diagnosed, only 61.0% received treatment. Barriers such as the stigma surrounding mental health

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disorders, lack of mental health support and low screening rates contribute to patients not receiving adequate treatment.

As noted above, depression presents itself differently in each person, but symptoms often include:

- Persistent sadness or low mood
- Loss of interest in activities once enjoyed
- Changes in appetite or weight
- Sleep disturbances
- Fatigue or loss of energy
- Difficulty concentrating or making decisions
- Thoughts of death or suicide

Depending on the number of symptoms a patient is experiencing, a depressive episode can be categorized as mild, moderate, moderately severe, or severe.

Treating depression is not a one-size-fits-all approach. Psychological treatments, medications, or the combination of the two are often recommended. The World Health Organization (WHO) also suggests “self-care” in conjunction with psychological and pharmaceutical treatments as a way to manage symptoms of depression. This includes but is not limited to:

- Motivate the patient to participate in activities they used to enjoy
- Promote staying connected with friends and family
- Reinforce exercising regularly
- Discuss having the patient stick to regular eating and sleeping habits
- Encourage avoiding or cutting down on alcohol and/or illicit drugs

Understanding that depression is a significant public health issue that requires timely screenings and effective follow-up care, the Centers for Medicare and Medicaid Services (CMS) requires the ACO to report on the measure, **Depression Screening and Follow-Up Plan**.

For this measure, CMS requires patients 12 years and older to be screened for depression at least once per year using an age-appropriate standardized screening tool. This screening can occur on the day of an office visit or up to 14 days prior. If the screening is

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positive for depression, a follow-up plan is required to be documented on the date of the positive screening or up to two days after.

The results of the depression screening must be reviewed and verified by the clinician in the medical record. This includes an interpretation of whether the patient presents with depression or not for ALL screenings, including those with scores of zero.

In order to meet all aspects of this measure, documentation in the medical record must include the following components:

- Name of the age-appropriate standardized depression screening tool
- Interpretation
- If positive, a follow-plan

If the determination is made that the patient is positive for depression, documentation in the medical record of a recommended follow-up plan is required. A positive depression follow-up plan must include one or more of the following:

- Referral to a practitioner for additional evaluation and assessment (psychiatrist, psychologist, social worker, or mental health counselor)
- Pharmacological interventions
- Other interventions or follow-up for diagnosis or treatment of depression



As a reminder, this measure is reported to CMS by the ACO via Medicare Clinical Quality Measures (Medicare CQMs). These are electronic based measures that are populated and pulled directly from your Electronic Health Record from a QRDA CAT 1 file.

Each EMR has their own way of documenting in a designated field in order to meet the intent of the Medicare CQM. We recommend practices reach out to their EMR Company Liaison for a complete understanding on what workflows need to be followed in order to ensure that all components of the measure are captured correctly by the EMR.

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Please reach out to your Quality Coordinator if you have any questions or need any assistance understanding the depression screening quality measure.

If you are experiencing symptoms of depression or know someone who is, please seek help. Resources like the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) are available 24/7.

Security – PHI

Regardless of whether a PHI breach was purposeful or accidental, the result is the same; a patient's personal information was exposed and could have been accessed by someone who should not have it and/or, someone who could cause harm to the patient. And, in terms of responsibility, although the intent is different, one would have to prove that the proper guidelines and security systems were in place at the time of an accidental breach to be absolved of responsibility. Otherwise, one might argue that a breach was inevitable.



PHI (Protected Health Information) and PII (Protected Identifiable Information) must be secure at all times. As health care providers, we deal with PHI and PII all day, making it seem routine. Practices must put systems and guards in place and continually reinforce the importance of securing all patient information. Remind staff of the gravity of failure, repeating the significance of remaining vigilant.

We have found that it helps to change how the message is delivered. (Think about it, although a company is selling the same product, they change their ad from time to time in order to catch the attention of their market audience.) Perhaps introduce a competition for a small “prize” for any staff member who identifies a good idea for improving the practice's systems or workflow. Simply putting up a new poster can catch the staff's attention, reminding them of the importance of security.

Remember that PHI and PII have to be guarded regardless of the mode of communication. Your IT provider may help secure the data when being transmitted or saved in your computer system. But it's the in-clinic staff member who must log out of the system when

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leaving an examination room. And, it's the staff member who must remember not to share PHI in a public setting where they may be overheard.

Practice Meeting Recap

This past month we hosted our second quarterly practice meetings. In Southern Nevada, we had Dr. Jerome Hruska from Pulmonary Associates present on Lung Cancer Screenings and technology advancements in Bronchoscopy. While in Northern Nevada, we had Carson Tahoe Medical Group present on all the services they offer such as a Cancer Center and a new Adolescent Behavior Health Inpatient Center.

Both Practice Meetings went over Fraud, Waste, and Abuse and Quality Measures. If you are unable to attend the practice meeting slides are now available on our [website](#) under the *participants only* section.

Did you read this newsletter carefully? If so, to be entered to win a prize at the July practice meeting, you may respond to the newsletter email with "Sizzling Summer" in the subject line.



Pictured above: Dr. Jerome Hruska from Pulmonary Associates presenting at the Southern Nevada Practice Meeting.

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Pictured Right: Larry Preston (SSACO) presenting at the Southern Nevada Practice Meeting.



Pictured left: Sonia (SSACO) presenting at the Southern Nevada Practice Meeting.

Pictured right from left to right: Ashley (Mountain View Primary Care), Julie (Diagnostic Center of Medicine) and Jose (UMC-SN) at the Southern Nevada meeting.



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Pictured left: Dr. Ragneel Bijjula from Carson Tahoe Cancer Center presenting at the Northern Nevada Practice Meeting.

Pictured right: Richelle (SSACO) presenting at the Northern Nevada Practice Meeting on Interoperability.



Pictured above from left to right: Richelle (SSACO), Molly (B Bottenberg), Teri (Reno Family Physicians), Peter (Joseph E. Johnson, MD), Gladys (Carson Tahoe Medical Group), Savannah (SSACO), Maria (Carson Tahoe Medical Group), and Dineen (SSACO).

Join us at our next Practice Meeting!

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SOUTHERN NEVADA

Wednesday, July 30, 2025

Wednesday, Nov. 5, 2025

All Southern Nevada Practice
meetings will be held at Summerlin
Hospital and begin at 11:30 am.
Lunch is served.



NORTHERN NEVADA

Tuesday, July 29, 2025 (NOTE NEW DATE!!)

Thursday, Nov. 6, 2025

Northern Nevada Practice Meetings will be held at Northern Nevada
Sparks Medical Building, Suite 201. Meet & Greet begins at 5 pm;
Meeting begins at 5:30.

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