Magellan HEALTHCARE®

Major Depressive Disorders / Suicide Management Clinical Practice Guideline Audit Checklist

REVIEWER INFORMATION
Reviewer Name ____
Date of Review_____________CMC ID__________________Health Plan Code __________
PATIENT INFORMATION
Patient ID______________________________Date of Birth _______________
PROVIDER INFORMATION
Provider Name (Last, First)/Group Name /Credentials _____________________________________
Provider ID (MIS Number)_____________________________
Date of Initial Assessment _______________

DOMAIN 1: DIAGNOSTIC ASSESSMENT

The provider assessed for and found sufficient evidence to support the diagnosis of major depressive disorder (MDD) and determined if complicating medical/psychiatric conditions were present. The initial evaluation included assessment for:

Item			
1a. HISTORY AND SYMPTOM PRESENCE AND DURATION that meet DSM-5 criteria for major depressive disorder	☐ Yes	☐ No	
1b. A CO-MORBID SUBSTANCE-INDUCED DISORDER	☐ Yes	☐ No	
1c. OTHER PSYCHIATRIC DISORDERS that could account for the symptoms or complicate treatment	☐ Yes	☐ No	
1d. PSYCHOSOCIAL STRESSORS	☐ Yes	☐ No	
1e. MEDICAL CONDITIONS that may cause depression and/or complicate treatment	☐ Yes	☐ No	
1f. PSYCHOTIC FEATURES	☐ Yes	☐ No	
1g. SEVERITY LEVEL OF MDD (E.G., MILD, MODERATE OR SEVERE)	☐ Yes	☐ No	
1h. DANGEROUSNESS TO OTHERS	☐ Yes	☐ No	
1i. PAST HISTORY (of depressive episodes and treatment)	☐ Yes	☐ No	☐ NA
2. If provider is a non-M.D., there is documentation of a referral for a medical/psychiatric evaluation if any of the following are present: (psychotic features, complicating medical psychiatric conditions, severity level of moderate or above)	☐ Yes	☐ No	☐ NA
DOMAIN 1 SUBSCORE: __________ # of items missed (number of “No’s”) __________			

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DOMAIN 2: SUICIDE RISK ASSESSMENT AND MANAGEMENT

During the initial evaluation, the provider conducted a thorough suicide risk assessment that, at a minimum, included assessment for:

Item	Yes	No	NA
3a. CURRENT SUICIDAL IDEATION AND PLANS	☐ Yes	☐ No	
3b. HISTORY OF SUICIDAL IDEATION AND ATTEMPTS	☐ Yes	☐ No	
3c. PRESENCE OF HIGH-RISK FACTORS, such as significant behavior change in teens, advanced age/debilitating illness/male senior citizens, insomnia, substance use/abuse, anxiety, recent inpatient discharge, history of violence or bullying (victim or perpetrator), and/or gender identity disorder in teens	☐ Yes	☐ No	
3d. Plan for frequent evaluation for suicidal thinking or behavior in patients prescribed ANTI-DEPRESSANT and/or ANTICONVULSANT MEDICATIONS	☐ Yes	☐ No	
If suicidal risk was found, the provider implemented a plan to manage the risk, which included:			
3e. Assessment of LETHAL INTENT. Documentation shows interventions to address this with patient and response to measures	☐ Yes	☐ No	☐ NA
3f. Assessment for access to any weapons or LETHAL MEANS, if suicidal	☐ Yes	☐ No	☐ NA
4a. Developed plan to DIMINISH ACCESS TO WEAPONS/LETHAL MEANS, if suicidal	☐ Yes	☐ No	☐ NA
4b. Developed PLAN FOR MAINTAINING SOBRIETY and discussed the role of substance use in increasing suicide risk	☐ Yes	☐ No	☐ NA
4c. Attempted to INVOLVE FAMILY AND OTHER SUPPORT SYSTEM MEMBERS in suicide management plans, or documented why not appropriate	☐ Yes	☐ No	
4d. Documented ACTUAL FAMILY/SUPPORT SYSTEM INVOLVEMENT in suicide management plan	☐ Yes	☐ No	☐ NA
DOMAIN 2 SUBSCORE: ____________ # of items missed (number of “No’s”) ____________			

DOMAIN 3: MAJOR DEPRESSIVE DISORDER THERAPEUTIC INTERVENTIONS

The provider documents in the treatment plan the following:

Item	Yes	No	NA
5. The provider assessed if psychotherapy was indicated	☐ Yes	☐ No	
6. If psychotherapy was indicated, the provider specified the therapy type (e.g., CBT) and specific measurable goals	☐ Yes	☐ No	☐ NA
7. The provider delivered education about MDD and its treatment to the patient, and if appropriate, to the family	☐ Yes	☐ No	

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8. The psychiatrist delivered education about the medication, including signs of new or worsening suicidality and the high-risk times for this side effect	☐ Yes	☐ No	☐ NA
9. If a medical/psychiatric referral had been made (item #2), the provider documented the results of that evaluation and any relevant adjustments to the treatment plan	☐ Yes	☐ No	☐ NA
10. If evidence was found of a comorbid substance use disorder, the provider developed a plan to support sobriety	☐ Yes	☐ No	☐ NA
11. If psychotic features were found, the treatment plan includes the use of either antipsychotic medication or ECT, or clear documentation why not	☐ Yes	☐ No	☐ NA
12. If MDD was of moderate severity or above, the treatment plan uses a combination of psychotherapy and antidepressant medication, or clear documentation why not	☐ Yes	☐ No	☐ NA

DOMAIN 3 SUBSCORE: ____________

# of items missed (number of “No’s”) ____________

TOTAL SCORE: ____________

TOTAL # of items missed (number of “No’s”) ____________

Instructions

1. **Treatment Record Selection**
   Select medical records with a diagnosis of major depressive disorder.
2. **Audit Process**
   Using this audit tool, review the minimum necessary sections of the medical record, including the medication sheet, initial evaluation, progress notes and treatment plans.
3. **Scoring and Intervention Guidelines**
   After auditing multiple records per provider, calculate the average total scores of items missed, and then apply the table below.

	Quantitative (Average score from all records reviewed)			**Qualitative (if found on any record reviewed)**
	0 - 3 average total score	**3.1 - 6 average total score**	**> 6 average total score**	
Actions	Essentially compliant, send letter A (unless qualitative applies)	Improvement opportunity, send letter B (unless qualitative applies)	Requires RNCC or designee review and letter C or individualized alternative to letter C (unless qualitative applies)	If item missed is 4a, or if both 4b and 4c are missed, then should go to RNCC or designee review and letter C, or alternative to letter C

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