

Disclaimer

The Mental Health Metrics for GAD-7, PHQ-9, and lab values will require [installation set-up](#) prior to the form’s use during a point-of-care patient visit. This process could take anywhere from 45 to 60 minutes to complete, and support from one of the change management specialists at the eHealth Centre of Excellence (supporting the E2P program) is advised.



Please email EMRtools@ehealthce.ca to schedule a time – we look forward to assisting you!

Table of Contents

Introduction 2

Background/Summary 2

Purpose of the Tool..... 2

Using the Anxiety Disorders and Depression in Accuro QHR..... 3

 Getting Started with the Anxiety Disorders and Depression Tool..... 4

 Updating the Diagnosis..... 4

 Launching Clinical Modules 5

 Assessment Module..... 5

 Management Module..... 6

 Medication Module..... 7

 Patient Resources Module 8

Feedback 9

Overview of Usage Analytics 9

Contact 10

Appendix 11

 Quality Standards for Anxiety Disorders..... 11

 Quality Standards for Major Depression 11

Introduction

EMR tools from the Evidence2Practice Ontario (E2P) program are comprised of condition-specific modules (scalable to multiple conditions) based on the core clinical functions of quality standards: Clinical Assessment, Medication, Management, and Patient Resources. The tools have been developed to support clinicians in the diagnosis, assessment, treatment, and/or management of patients.

The E2P anxiety disorders and depression EMR tool has been designed to support clinicians with early identification, comprehensive assessment, and timely diagnostic clarifications, using digitally embedded validated tools for anxiety disorders and depression in adults (age 18 years and older). This guide provides a walk-through of the tool and highlights key functionalities.

Background/Summary

The E2P anxiety disorders and depression EMR tool engages a modular approach format to assist primary care providers with capturing critical information during a mental health encounter. The tool helps to standardize documentation and supports clinical best practices by enabling clinicians to gather, document and reference mental health metrics more efficiently at the point of care.

Anxiety disorders and depression diagnoses are based on a clinical assessment combined with appropriate testing that either supports or rules out its presence. There is no single test that confirms the presence of a mental health disorder. Formulating a diagnosis as soon as possible facilitates rapid symptom management and may help avoid hospitalization.

Purpose of the Tool

Our objective was to create an EMR-integrated tool that supports clinicians in the screening and management of mental health. The E2P anxiety disorders and depression tool for Accuro QHR EMR supports a more comprehensive picture of the patient's mental health condition, treatment goals, and potential risk for suicide – thereby ensuring that a safety plan for the patient is created where appropriate.

Using the Anxiety Disorders and Depression in Accuro QHR

Navigating to the modules within the tool:



To go to the different modules, use the left and right page arrows.

Page 1 – Assessment Module

Page 2 – PHQ-9

Page 3 – GAD-7

Page 4 – Management Plan Module

Page 5 – Medication Module

Page 6 – Patient Resources Module

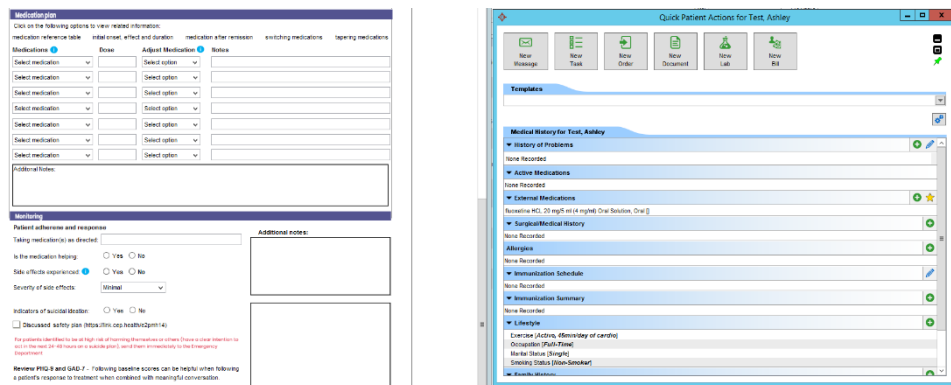
Pull from previous:



After the tool has been completed in a prior visit, clicking this button will pull all data for each section in the form. Currently, it doesn't support a "reset" or clear function so users will have to manually clear each section they wish to update/edit.

*Keyboard - Tip to support efficient workflow *

Accuro has shortcut keys ("ctrl + F10") for "quick patient actions " that can help clinicians access their EMR bands that they would be normally using for prescribing meds, documenting problems, booking appts. etc.) while also keeping the E2P Anxiety Disorders & Depression tool open.



*Not all users prefer having two views like this but it's an option to leverage if desired.

Features:

- 12 of 12 quality statements for people with an anxiety disorder embedded within the tool
- 12 of 12 quality statements for people with major depression embedded within the tool
- Update the suspected mental health condition(s)
- View Metrics for PHQ-9 and GAD-7
- Review lab tests and values

Getting Started with the Anxiety Disorders and Depression Tool

The tool was designed to include decision-support throughout the tool and has implemented tooltips to also help inform quality standard information.

Blue “i” icons – indicate tool-tip text.



Red text – indicates warning/high-priority information pertaining to patients at high risk of harming themselves or others.

For patients identified to be at high risk of harming themselves or others (have a clear plan to act in the next 24-48 hours on a suicide plan), send them immediately to the Emergency Department.

Checkboxes with website links or (links within brackets) – Clicking on the link will open a tooltip with the hyperlink that will open in a new window.

Discussed Natural health products
- For information on the role of natural health products see CEP's Anxiety and Depression Tool (https://tools.cep.health/tool/anxiety-and-depression/#complementarytherapies)

[CEP's Anxiety and Depression Tool](#)

Updating the Diagnosis

The tool features 5 Mental Health Conditions that may affect the patient, any one or more can be selected. As well as one checkbox for special populations is available as an additional consideration for clinicians when completing the tool if applicable. The following are the conditions that can also include easy-to-use shortened questionnaires and links to their respective scales (e.g., Severity Measure for Specific Phobia Scale, etc.) for patients suspected of having anxiety.

- Depression
- Anxiety
- Social Anxiety Disorder
- Panic Disorder
- Specific phobia or agoraphobia
- Special Populations (e.g., older adults, pregnant)

The screenshot shows the 'Assessment' section of the tool. On the left, there are input fields for 'Here to discuss:', 'Since last visit patient feels:', and 'Suspected mental health condition(s)'. Under 'Suspected mental health condition(s)', there are checkboxes for 'Depression', 'Anxiety', and 'Specific phobia or Agoraphobia'. A tooltip is displayed over the 'Specific phobia or Agoraphobia' checkbox, containing the text: 'Do you find yourself avoiding situations, objects, or animals because you are afraid of something that might happen? If you suspect agoraphobia, ask further questions to determine whether an agoraphobia symptom severity scale is needed'. Below this text is a blue hyperlink: '[Severity Measure for Specific Phobia Scale](#)'.

Launching Clinical Modules

The components related to the provision of care for anxiety disorders and depression have been broken into 4 modules, allowing for flexibility. By no means does this require all 4 modules to be completed during a visit but allows you to navigate to a module of your choosing that you would like to focus on for the encounter.

Assessment Module

This tool provides multiple ways to enter the GAD-7 and PHQ-9 Metrics:

- Users have the ability to **enter the score in the textboxes** shown above: this would be in the case that the patients are emailed/given an assessment to do on their own and clinicians could enter the scores directly in this area.
- Users also have the ability to **complete the assessment(s)** during the visit by visiting **pg. 2 and/or pg. 3** within the tool and after it is submitted, the score would get pulled into this module (pg.1) under the **“Latest score”** area.

The Mental Health Metrics for GAD-7 and PHQ-9 do require installation set-up prior to the form’s use in a live patient visit. This process could take anywhere from 45 to 60 minutes to complete.

The Lab Results requires installation set-up prior to the form’s use in a live patient visit. This process could take anywhere from 45 to 60 minutes to complete, and we are here to support you: please email EMRtools@ehealthce.ca.

Evidence2Practice Ontario **Anxiety Disorders and Depression Tool**

Assessment

Last completed:

Here to discuss:

Since last visit patient feels:

Suspected mental health conditions:

Depression Anxiety Panic Disorder ⓘ Social Anxiety Disorder ⓘ

Specific phobia or Agoraphobia ⓘ Special Populations (e.g. older adults, pregnant) ⓘ

Estimated symptom onset:


Type: ⌵

Mental Health Metrics:

Assessment	Enter score	Severity ⓘ	Latest score	Previous score	Previous score
GAD-7	<input type="text"/>	<input type="text"/>			
PHQ-9	<input type="text"/>	<input type="text"/>			

Management Module

The management section offers the opportunity for clinicians to document that information has been provided to the patient pertaining to psychotherapy, lifestyle considerations, natural health products and management of anxiety disorders and/or depression with the overall goal of improving patient engagement and enhancing their ability to make decisions about their care.



Assessment

Management Plan

Medication

Patient Resources

Management Plan

The Management Plan can be printed and shared with the patient as appropriate. Last Completed:

Psychotherapy and medication contribute to improved outcomes. Management of depression should include psychotherapy and/or medication, with a combination of the two for severe or persistent symptoms. Management of anxiety disorders should include psychotherapy and/or medication and follow a stepped approach to ensure the least intensive and most effective management strategy is started first.

Engage the patient in shared decision-making about their management options and plan, taking into consideration:

- Results from the comprehensive assessment
- Symptom severity
- Previous response to management strategies
- Lifestyle considerations
- Needs and preferences
- Cost and health insurance coverage

Patient referred out for management

Review Previous Treatments: ?

Review & optimize lifestyle considerations for patients

Evidence-based: ?

Physical Activity

- Physical activity for at least 8 weeks, usually 3 times a week for 30 to 60 minutes per session. Yoga (integrates physical postures, breath control and meditation) can also be done for at least 4 weeks, with an average frequency of 4 sessions a week, and 45 to 60 minutes per session.

Light Therapy

- Light therapy involves daily exposure to bright light and is typically administered at home with a fluorescent light box. The standard "dosage" of light is 10,000 lux (intensity) for 30 minutes per day, given early in the morning

Other considerations

Sleep hygiene

- The habits and practices of maintaining a regular sleep schedule; avoiding excess eating, drinking, or smoking before going to sleep; and establishing a proper sleep environment

Nutrition

- Maintaining a healthy, balanced diet and correcting any nutritional deficiencies

Discussed Natural health products

- For information on the role of natural health products see CEP's Anxiety and Depression Tool (<https://tools.cep.health/tool/anxiety-and-depression/#complementarytherapies>)

Additional notes:

[Please click here to provide feedback on this tool](#)

[View reference list for the tool](#)

Medication Module

The purpose of the medication module is to create and document medication management plans based on the latest best practice guidelines for anxiety disorders and major depression. The intended use enables the ability to have this module shared with the patient.

The 3 main elements of this plan are medication history, plan, as well as monitoring all while emphasising the focus on considering patient and medication factors when initiating treatment throughout the tool. We've included Dropdown medication lists that can be used to select the name-specific medication you wish to prescribe. Additionally, dropdowns and text boxes for the quantity and direction make it easy for documentation purposes.

*This module is strictly for planning and documentation purposes and prescribing medications will still need to follow the usual workflow in Accuro by opening the built-in medications window.

Evidence2Practice Ontario

Assessment | Management Plan | **Medication** | Patient Resources

Medication

The Medication Plan can be printed and shared with the patient as appropriate. Last Completed:

Engage the patient in shared decision-making about their medications, taking into consideration:

Patient factors

- Patient preferences and concerns
- Clinical features and dimensions
- Comorbid conditions
- Previous response to medications and side effects experienced (consider requesting a pharmacy review if the patient does not know)
- Family history of positive response to a certain medication

Medication factors

- Comparative efficacy
- Comparative tolerability warnings, contraindications and precautions
- Potential interactions with other medications
- Simplicity of use
- Cost and health insurance coverage

"People who stick to their treatment plan are the ones who see the most improvement over time. So, we are going to work together to make sure that happens."

"Side effects are normal and should wear off by 4-6 weeks. If you feel worried about this, we can chat about it some more."

Medication history

Medications: (read-only) Has the patient previously tried medications for anxiety and/or depression? Yes No

Active Medications
None Recorded

Has there been a family history of positive response to a certain medication? Yes No

Medication plan

Click on the following options to view related information:
 medication reference table initial onset, effect and duration medication after remission switching medications tapering medications

Medications ⓘ	Dose	Adjust Medication ⓘ	Notes
Select medication ▼		Select option ▼	
Select medication ▼		Select option ▼	
Select medication ▼		Select option ▼	
Select medication ▼		Select option ▼	
Select medication ▼		Select option ▼	

Patient Resources Module

The purpose of the first section is meant to be used to assist in planning the next or follow-up visit with the patient, giving you the option to set the next appointment date as well as plan the purpose of the appointment.

The patient resources section contains a collection of curated resources for your patient to connect with, explore, and learn.

Clicking on the link will open the resource's hyperlink. Selecting the checkbox document which resources were given to the patient during this visit.

The screenshot shows the Evidence2Practice Ontario interface for the Patient Resources module. At the top, there is a navigation bar with four tabs: Assessment, Medication, Management Plan, and Patient Resources (which is currently selected). Below the navigation bar, the page title is "Patient Resources". A note states: "The Patient Resources page can be printed and/or emailed to the patient as appropriate." The interface is divided into three main sections: "Follow-up", "Connect", and "Explore".

Follow-up

Clinician name:

Purpose of appointment:

Date:

Connect

For support connect with:

- Talk Suicide for crisis support (1-833-456-4566 or [talksuicide.ca https://link.cep.health/e2pmh10](https://link.cep.health/e2pmh10))
- ConnexOntario for mental health and addiction service navigation support (1-866-531-2600 or [connexontario.ca https://link.cep.health/e2pmh11](https://link.cep.health/e2pmh11))
- Hope for Wellness for mental health support for Indigenous peoples (1-855-242-3310 or [hopeforwellness.ca https://link.cep.health/e2pmh12](https://link.cep.health/e2pmh12))
- Ontario Caregiver Organization for mental health support for caregivers (1-833-416-2273 or [ontariocaregiver.ca https://link.cep.health/e2pmh13](https://link.cep.health/e2pmh13))

If you or the person you care for is not in immediate crisis but are experiencing thoughts of suicide, create a safety plan to help avoid a state of intense suicidal crisis (<https://link.cep.health/e2pmh14>).

If you or someone you know is experiencing a mental health emergency, see your clinician right way, or call 911 or go to the nearest emergency room.

Explore

Explore resources including:

Community and social

- 211 Ontario – free help finding local community and social resources (2-1-1 or [211ontario.ca https://link.cep.health/e2pmh16](https://link.cep.health/e2pmh16))
- Togetherall – a free safe, online community where people support each other anonymously to improve mental health and wellbeing ([togetherall.com https://link.cep.health/e2pmh18](https://link.cep.health/e2pmh18))

Physical activity

- ParticipACTION – free online workout videos ([youtube.com/participaction https://link.cep.health/e2pmh17](https://link.cep.health/e2pmh17))

Online apps and resources

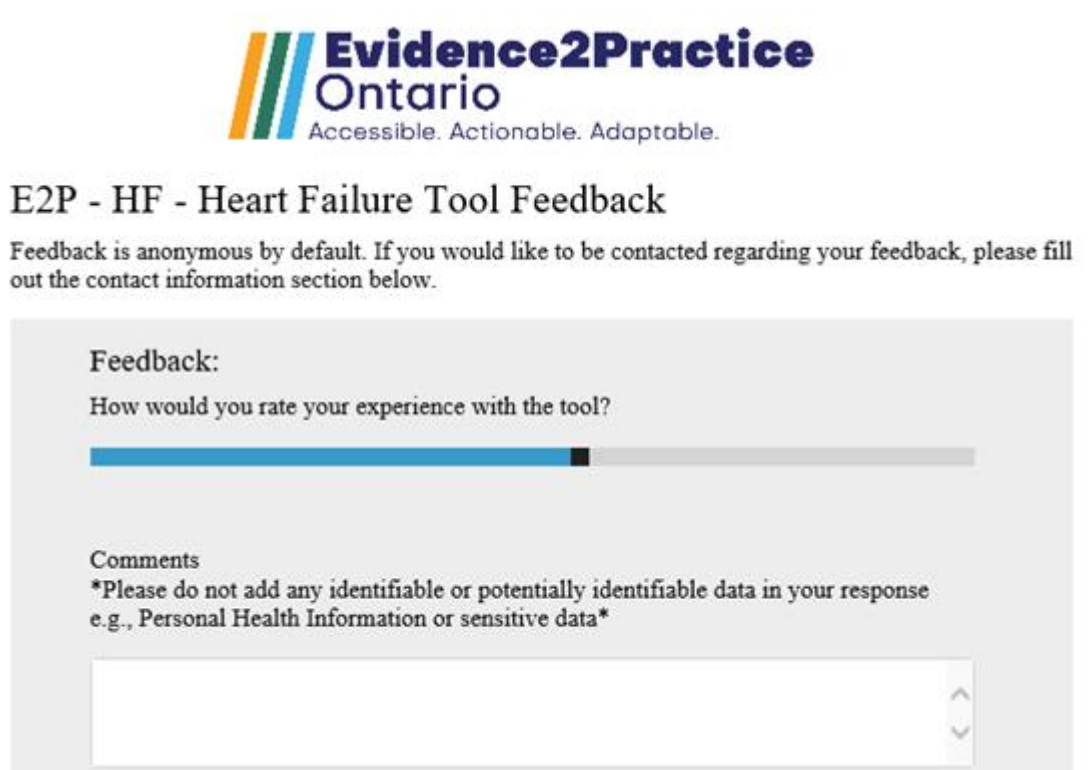
- Be Safe app – free safety plan app available on Apple and Android systems
- MindShift CBT – free anxiety support app based on cognitive behavioural therapy, available on Apple and Android systems
- My Anxiety Plan – free online anxiety management course based on cognitive behavioural therapy (<https://link.cep.health/e2pmh20>)

Feedback

Included in the tool is a link to provide feedback which allows users to submit their thoughts and communicate any issues they've encountered or any areas they wish to see added to the tool. This section allows you to submit feedback anonymously or allows you to add your email address and name if you wish to be contacted.

The links can be found at the bottom of pages: 1, 4, and 5. It will look like this:

Please click here to provide feedback on this tool



The screenshot shows the Evidence2Practice Ontario logo at the top, followed by the title "E2P - HF - Heart Failure Tool Feedback". Below the title is a note: "Feedback is anonymous by default. If you would like to be contacted regarding your feedback, please fill out the contact information section below." The form itself is a light gray box containing a "Feedback:" section with a question "How would you rate your experience with the tool?" and a horizontal progress bar. Below that is a "Comments" section with a warning: "*Please do not add any identifiable or potentially identifiable data in your response e.g., Personal Health Information or sensitive data*" and a text input field with a scroll bar.

Overview of Usage Analytics

The eHealth Centre of Excellence tracks usage to understand the extent to which our tools are being used. We are committed to protecting the data we are collecting and sharing. With our EMR usage analytics program, we collect general information about your usage (e.g., clinic name, name of tool used, date of usage, clinician type, anonymized clinician ID, and anonymized patient ID). **There is absolutely no Personal Health Information (PHI) collected by usage analytics**, and no assessment of clinical knowledge or expertise is made. Information collected by usage analytics may be shared with external organizations, such as funding

bodies and evaluators, to support program evaluation, sustainability, and future funding opportunities.

Participation in usage analytics is optional and you may withdraw your participation at any time.

Your participation ensures that E2P tools are meeting the needs of frontline clinicians. You would be supporting the meaningful adoption of clinical guidelines, as well as the development of future tools and updates.

It's an easy method of supporting quality improvement - you don't have to do anything! For more information, please contact privacy@ehealthce.ca or see our [privacy statement](#). If you would like to learn more about our EMR usage analytics program and the benefits of participating, please visit our [website](#).

Contact

If you have any questions or need support, please reach out to EMRtools@ehealthce.ca and we will be happy to help!



E2P brings together multi-disciplinary, cross-sector expertise under the joint leadership of the Centre for Effective Practice, eHealth Centre of Excellence, and North York General Hospital. Funding and strategic guidance for E2P is provided by Ontario Health in support of Ontario's Digital First for Health Strategy.



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Appendix

Quality Standards for Anxiety Disorders

Quality standards address care for adults who have anxiety disorders or major depression, including the assessment and diagnosis of people who are suspected of having a mental health disorder. It applies to community settings, including primary care, specialist care, home care, hospital outpatient clinics, and long-term care:

1. Identification (Clinical Assessment Module)
2. Comprehensive Assessment
3. Support for Family (Management Plan Module)
4. Stepped-Care Approach (Medication Plan Module)
5. Self-Help (Management Module)
6. Cognitive Behavioural Therapy
7. Pharmacological Treatment (Medication Module)
8. Monitoring
9. Support During Initial Treatment Response
10. Specialized Expertise in Anxiety Disorders (Care Plan Module)
11. Relapse Prevention (Management Module)
12. Transitions in Care

Quality Standards for Major Depression

1. Comprehensive Assessment (Clinical Assessment Module)
2. Suicide Risk Assessment and Intervention
3. Shared Decision-Making
4. Treatment After Initial Diagnosis (Medication Plan Module)
5. Adjunct Therapies and Self-Management
6. Monitoring for Treatment Adherence and Response
7. Optimizing, Switching, or Adding Therapies
8. Continuation of Antidepressant Medication
9. Electroconvulsive Therapy (Management Plan Module)
10. Assessment and Treatment for Recurrent Episodes
11. Education and Support (Care Plan Module)
12. Transitions in Care