



Value-based Care Chronicle: Guide to Improving Performance

April 2026

Beyond the Clinic

Why Social Determinants of Health Matter More Than Ever

Social Determinants of Health (SDOH), also known as Social Drivers of Health, are no longer a "nice to have" in care delivery. Across ACOs, leaders are recognizing a clear reality: factors like housing stability, food access, transportation, and education drive up to 80% of health outcomes. That means clinical care alone is only part of the equation. To improve quality performance, we must address the non-clinical barriers that impact patient health.

Many organizations are evolving beyond simple referral lists and taking a more structured approach to addressing SDOH. Partnerships with community-based organizations are becoming more formalized, helping ensure patients are connected to the right resources at the right time.

For practices wondering where to start, the most effective first step is often simple: screening. Embedding SDOH screening into everyday workflows allows care teams to proactively identify patient needs. Tools, like the NC SDOH screening tool, can be integrated directly into the EHR, making the process seamless. Starting with simple screening allows care teams to identify needs, automate referrals, and better target interventions.

The bottom line: addressing SDOH is not just good for patients, it's a smart, practical strategy for stronger performance and more sustainable care.



Depression Screenings

Preventive Care and Screening: Screening for Depression and Follow-up Plan

Depression often goes undetected -- and it's negatively impacting lives and driving up healthcare costs. Primary care providers are in a unique position to change that. With nearly half of depressed patients going undetected, increasing screening rates in primary care settings can improve early identification and access to treatment.

Preventive Care and Screening: Screening for Depression and Follow-up Plan:
Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter.

Best Practices & Approaches

- Screening can be done on the encounter day or up to 14 days prior.
- Screenings via patient portal are acceptable within 14 days of office visit.
- Review and document results with interpretation.
- For positive screenings, document follow-up plan or patient denial in the encounter.
- Follow-up plan includes documenting a referral, pharmacological intervention, or other treatments.
- If screening is denied, document in office visit encounter.
- Code the depression screening appropriately.

CLOSING THE QUALITY GAP: DEPRESSION SCREENING & REMISSION

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. CMS quality programs include measures relating to depression screening and remission. [Read More](#)

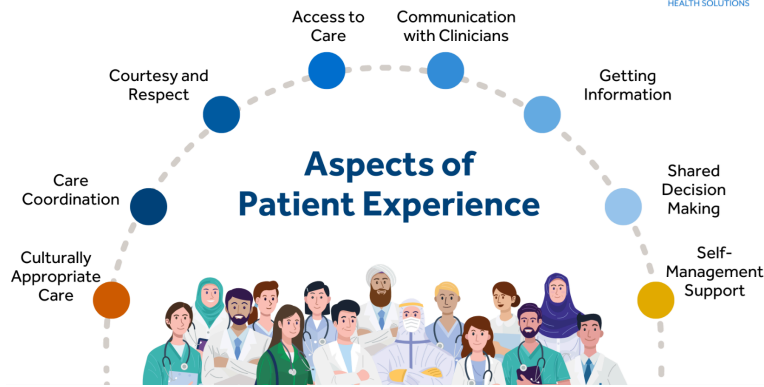
BEHAVIORAL HEALTH INTEGRATION IN VBC: WHAT'S WORKING AND WHAT'S NOT

Behavioral health drives outcomes across Medicare, Medicaid, and commercial contracts. When conditions go unaddressed, costs rise and quality falls. Here's what makes integration work in real-world practice. [Read More](#)

2025 DEPRESSION SCREENING QUALITY FLYER [Download Here](#)

Patient Experience

What is Patient Experience? Patient experience (PEX) encompasses all patient interactions with a healthcare system, including care from health plans and from doctors, nurses, hospital staff, physician practices, and other healthcare facilities.



How is PEX Measured? CMS uses Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys to measure patient experience. In addition to CAHPS, the Health Outcomes Survey (HOS) gathers patient experience data in Medicare Advantage programs.

Why does Patient Experience Matter? Improving patient experience improves health. Patients who feel heard and experience positive care have better health outcomes and are more likely to adhere to treatment plans.

Best Practices to Improve PEX

- Identify PEX champion(s) in your organization
- Establish and prioritize PEX goals
- Consistently measure, monitor, and communicate PEX performance
- Conduct service excellence training for new hires and on a routine basis for all personnel
- Establish PEX workgroups to review data and quality improvement initiatives
- Conduct PDSAs on lower performing measures
- Use available resources from CAHPS and HOS developers, quality reference guides, and tools from payers
- Implement strategies that address patient experience during office visits with a focus on workflows

[Closing the Quality Gap: PEX](#)

[What is PEX & How is it Measured?](#)

[MTV Podcast: Value of PEX](#)

CODING CORNER: DEPRESSION

Depression is one of the most common and impactful conditions in patient populations, yet it is often underdiagnosed or under documented. To capture the true complexity of care, documentation of major depressive disorder (MDD) should clearly describe the patient's condition and treatment plan.

When depression is present, documentation should include:

- **Episode:** Single or recurrent
- **Severity:** Mild, moderate, or severe
- **Psychotic Features:** Present or absent
- **Remission Status:** Partial or full (if applicable)
- **Treatment Plan:** Clearly linked to MDD

Prioritize clear, complete documentation at every visit to drive better outcomes and performance.

Major Depressive Disorder: Documenting & Coding Tip Sheet

Patient Education Pointer of the Month

Motivational Interviewing

Motivational Interviewing (MI) puts behavior change in the hands of the patient, reducing risk behaviors and promoting healthy behaviors. It is a collaborative, goal-oriented style of communication that emphasizes partnership and compassion.

Guiding principles of MI includes:

- Resisting the "righting reflex" or urge to correct
- Use active listening to engage with the patient
- Understand the patient's motivations for change
- Ask powerful open-ended questions
- Honor the patient's values
- Respect the patient's freedom to choose
- Partnership-like collaboration
- Clinician should not assume the role of the expert

Structuring conversations using OARS will put behavior change goals in the hands of the patient, leading to successful MI. To learn more about this effective style of communication, tune into the [Move to Value Podcast](https://www.chesshealthsolutions.com/2023/05/23/motivational-interviewing-partnering-with-patients/) or visit <https://www.chesshealthsolutions.com/2023/05/23/motivational-interviewing-partnering-with-patients/>.

Additional Resources

- [VBC in 2026: Key Trends Health Care Leaders Should be Planning for Now](#)
- [How AI and Technology Can Help Health Systems Lower Costs Without Sacrificing Care](#)

Past VBC Chronicle Editions