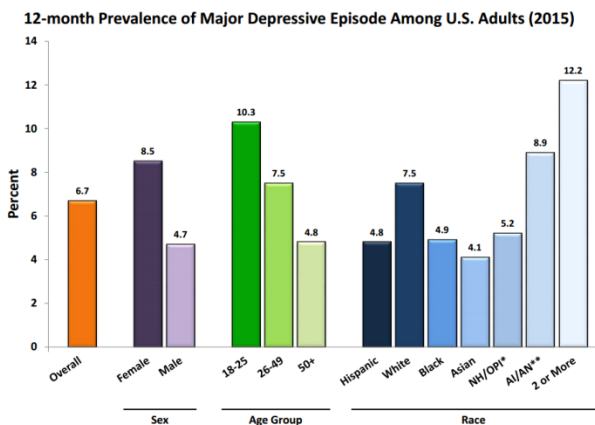


# Quality Matters

April 2017

## Topic: Depression Screening & Depression Remission



According to the National Institute for Mental Health, an estimated 16.1 million adults aged 18 or older in the United States had at least one major depressive episode in 2015. This number represented 6.7% of all U.S. adults.

<https://www.nimh.nih.gov/health/statistics/prevalence/major-depression-among-adults.shtml>

### Definition of Major Depression:

A period of two weeks or longer during which there is either depressed mood or loss of interest or pleasure, and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-image.



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## Can we have an impact on depression in Kentucky? How?

Evidence-Based Medicine (EBM) tells us that "Prevention is the best medicine." Prevention for depression is ideal, however we cannot count on our patients to share their feelings. Many view depression as a weakness that they wouldn't even want their provider to know about.

Kentucky ranks near the top of all states for depression. We are in a position to make a positive difference in the well-being of those we serve. Depression will affect the overall health of a person, regardless of how physically healthy they appear. Payers, both commercial and government, recognize that practicing EBM fosters positive outcomes for our patients. Incentives are offered to keep patients with depression healthier and to decrease money spent on care and complications.

### Screenings:

The U.S. Preventive Services Task Force (USPSTF) indicates all people not previously screened for depression should be screened. They discuss several standardized tests like the PHQ-9 that are tools for screening. The USPSTF indicates that screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. CMS asks us in the depression screening measure annually, "**Has the Medicare beneficiary been screened using a standardized tool PHQ2 or PHQ9 during the measurement year?**"

### Depression Screening

- Screen patient at least annually using a standardized tool. Many use the PHQ-2 for an initial screening. If positive, a follow-up plan can be documented with the PHQ-9 and appropriate treatment/referral/medication.
- EXCLUSIONS: diagnosis of depression or Bipolar disease, inability to participate

### Depression Remission after 12 months:

- For patients **already** diagnosed with major depression or dysthymia
- This measure identifies patients who had a PHQ9 score of >9 in the beginning and have a PHQ9 score of <5 after 12 months (+ or - 30days)
- EXCLUSIONS: Bipolar disorder, Personality disorder

This segment was brought to you by KentuckyOne Health Partners

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## Impact on CIN Network Providers

KentuckyOne Health Partners payers offer quality incentives for managing their patients' health according to national standards set by CMS, CDC and Healthcare Effectiveness Data and Information Set (HEDIS) which is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Please see the websites listed below for more information about actual HEDIS measures and ACO/Next Generation measures or call Kitty Grider, RN, KentuckyOne Health Partners System Quality Manager

<http://www.ncqa.org/HEDISQualityMeasurement>  
<http://www.CMS.gov>

## Reporting on Depression Screening and Depression Remission Measures

One of the biggest challenges for the CIN is being able to easily access the depression data for reporting to the various insurance carriers. Documenting the information needed in order to be sure the insurance carriers will see that your office is providing the care necessary to get their patients to their optimum level of health is paramount.

### In the health record, electronic or paper:

#### Depression Screening: (no diagnosis of depression)

1. Has a PHQ-2 been completed, at least annually? It is now located in the AEHR for easier documentation.
2. If the PHQ-2 was completed and positive, did you complete a PHQ-9 and/or formulate a plan for follow-up? Consider doing a Suicide Assessment?

#### Depression Remission within 12 months: (diagnosis of depression or dysthymia)

*This measure wants to track the number of patients who started out depressed and through treatment for 12 months, were in remission.*

*The measuring tool is the PHQ-9 performed 12 months apart.*

1. Has a PHQ-9 been completed annually for these patients? If not, start now. If the patient does not have a score on the PHQ-9, he/she will not be eligible for the measure.
2. If you have a newly diagnosed patient with depression, be sure a PHQ-9 is performed and on file. If the score is >9, come up with a process to assure you will do another PHQ-9 in 11-13 months to see if the patient is in remission with a score <5.



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## Quality Improvement Project

### How can you help your provider take care of patients who might be depressed?

1. Know the signs and symptoms of a person who may be depressed.
2. Talk with your provider about anything you notice about the patient's change in mood/behavior.
3. You may be asked by the provider to help a patient fill out a PHQ-2 or PHQ-9 depending on how these assessments are performed at your office. Learn the questions. Be sure not to lead the patient to answer the way you think he/she should answer.
4. Remember that the patient might share information with you that they have trouble sharing with the provider. Depending on the situation, you might be able to help the patient share information with the provider.

*Sources: National Institute for Mental Health, Mayo Clinic, Centers for Disease Control and Prevention and Centers for Medicare and Medicaid Services, US Preventative Task Force., Next Generation ACO measures, USPSTF.*

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