

Addressing Depression in Dialysis Patients

An ESRD QIP Reporting Initiative

Delia Houseal, PhD, MPH ESRD QIP Program and Policy Lead

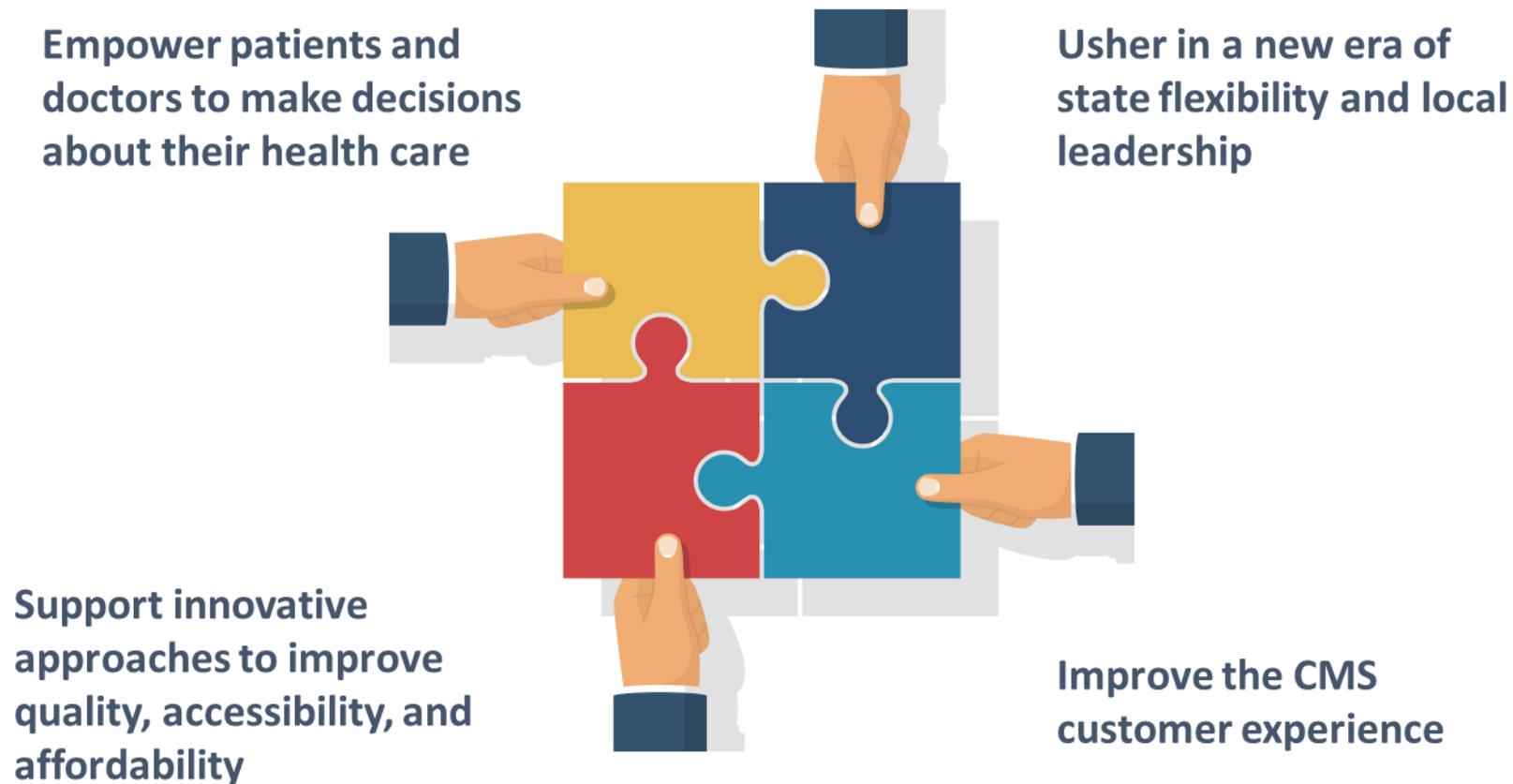
Celeste Bostic, MIM RN BSN Nurse Consultant

Division of Value, Incentives, and Quality Reporting

Learning Objectives

- Understand the importance of screening and treatment for clinical depression in beneficiaries with end-stage renal disease (ESRD)
- Learn details of the ESRD Quality Incentive Program (QIP) Clinical Depression Screening and Follow-Up reporting measure

Aligning ESRD QIP with the CMS approach to meaningful outcomes



Meaningful Measures Objectives

Meaningful Measures focus everyone's efforts on the same quality areas and lend specificity, which can help identify measures that:

- Address high-impact measure areas that safeguard public health
- Are patient-centered and meaningful to patients, clinicians and providers
- Are outcome-based where possible
- Fulfill requirements in programs' statutes
- Minimize level of burden for providers
- Identify significant opportunity for improvement
- Address measure needs for population based payment through alternative payment models
- Align across programs and/or with other payers

Ongoing program focus

- Identify the highest priority areas for quality measurement and quality improvement.
- Integrate measures that are patient-centered and meaningful to patients
- Streamline quality measures and reduce unnecessary regulatory burden.
- Promote innovation and achieve cost savings

Depression Among Patients with ESRD

Prevalence of depression in patients with ESRD is around 3 times that of the general population

Clinical Impact

- Nearly 30% of beneficiaries with ESRD experience significant symptoms of depression leading to lower energy, fatigue, sleep disturbance, and anorexia

Psychosocial Impact

- Patient's experience profound emotional impacts due to the nature of ESRD, changes in lifestyles, and quality of life

Potential Benefits of Screening and Treatment of Depression

- Improved quality of life
- Reduced hospitalizations, missed treatments, non-adherence
- Improved screening theoretically means improved treatment, which would hopefully lead to improvements of the consequences mentioned earlier

ESRD QIP Clinical Depression Screening and Follow-Up Reporting Measure



Screening for Clinical Depression & Follow Up Plan

- Clinical Depression Screening and Follow-Up reporting measure was finalized for Payment Year (PY) 2018 (performance period began Jan. 1, 2016)
- Measure Description:
 - Percentage of patients aged 12 years and older screened for clinical depression on 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 the positive screen

Measure Exclusions for PY 2019

Facility-Level Exclusions

- Facilities with fewer than 11 eligible patients during the performance period
- Facilities with a CMS Certification Number (CCN) certification date on or after July 1, 2017

Patient-Level Exclusions

- Patients who are younger than 12 years as of October 31, 2017
- Patients who are treated at the facility for fewer than 90 days between January 1 and December 31, 2017

“Screening”

Definition: Completion of a clinical or diagnostic **standardized tool** used to identify people at risk of developing or having a certain disease or condition, even in the absence of symptoms.

- “Standardized tool” – an assessment tool that has been appropriately normalized and validated for the population in which it is used
- Facilities are not required to use a particular tool, but should choose one that is appropriate for their patient population.
- The name of the tool **must be** documented in the medical record.

Poll Question:

What depression tool do you use at your facility?

Defining Conditions: “Positive” vs. “Negative”

- Positive – Based on the scoring and interpretation of the specific standardized tool used, and through discussion during the patient visit, the provider should determine if the patient is deemed positive for signs of depression
- Negative – Based on the scoring and interpretation of the specific standardized tool used, and through discussion during the patient visit, the provider should determine if the patient is deemed negative for signs of depression
- Justification for any of these findings should be documented in the patient’s medical record

“Follow-Up Plan”

Definition: A documented outline of care for a “positive” depression screening, including at least one of the following:

- Additional evaluation for depression
- Suicide risk assessment
- Referral to a practitioner who is qualified to diagnose and treat depression
- Pharmacological interventions
- Other interventions or follow-up for the diagnosis or treatment of depression

Poll question:

What follow up plans have you utilized at your facility?

How to Report Successfully

Because this is a reporting measure, facilities are NOT required to screen patients to earn points; they simply must report whether the screening is done along with the outcome, if any, of the screening

Facilities must report one of the following conditions for each eligible patient **before February 1, 2018:**

1. Screening for clinical depression is documented as being “**positive**,” and a **follow-up** plan is documented
2. Screening for clinical depression documented as “**positive**,” and a **follow-up plan not documented**, and the facility possess documentation stating the patient is **not eligible**
3. Screening for clinical depression documented as “**positive**,” the facility possesses no documentation of a **follow-up** plan, and no reason is given
4. Screening for clinical depression is documented as “**negative**,” and a **follow-up plan is not required**
5. Screening for clinical depression **not documented**, but the facility possesses documentation stating the patient is **not eligible**
6. Clinical depression screening **not documented**, and no reason is given

Calculating a Facility's Score

Number of Eligible Patients for Whom a Facility Successfully Reports one of six conditions during the performance period

Total number of Eligible Patients during the performance period

Example: Facility A has 25 patients, two of whom are **8 and 10 years of age**. The facility treated an additional **10 patients for fewer than 90 days during 2016**. Facility A entered depression-screening data in CROWNWeb for 20 of the patients over 12 years of age.

Entered 20 patients' data / 23 eligible patients = 0.8695 x 10 for a score of 8.695, rounded to 9

Calculating a Facility's Score (cont.)

Score Weights –Clinical Domain score: 75% of TPS; Safety Domain score: 15% of TPS; Reporting Domain score: 10% of TPS.

PY 2019 minimum TPS – 60 points

Total Performance Score	Payment Reduction
60 to 100	No Reduction
50 to 59	0.5%
40 to 49	1.0%
30 to 39	1.5%
0 to 29	2.0%

Calculating a Facility's Score (cont.)

- A facility that reports one of the six conditions for each eligible patient in CROWNWeb will earn 10 points for the measure.

Facility A: Facility scores 9 on the Clinical Depression Screening and Follow-Up reporting measure, 5 on three other reporting measures, and 10 on one reporting measure:

Reporting Domain Score= $(5 \times 0.2 + 5 \times 0.2 + 5 \times 0.2 + 9 \times 0.2 + 10 \times 0.2) \times 10 = 68$.

The TPS is then calculated as:

$(50 \times 0.75) = 37.5$ for the Clinical Domain

+

$(100 \times 0.15) = 15.0$ for the Patient Safety Domain

+

$(68 \times 0.10) = 6.8$ for the Reporting Domain

TPS= 59.3, rounded to 59 (0.5 payment reduction)

Performance Results

- Results from PY 2018 (Cy 2016) are available in the Performance Score Summary Report (PSSR) posted on CMS.gov and Dialysis Facility Compare
- 2017 results are not available until facility scores are finalized this fall following the PY 2019 Preview Period

Clinical Depression Screening Reporting Results, January – December 2016

Condition ID	Condition Description	Condition Frequency
1	Screening for clinical depression is documented as being positive, and a follow-up plan is documented	5.47%
2	Screening for clinical depression documented as positive, and a follow-up plan is not documented and the facility possesses documentation stating the patient is not eligible	0.71%
3	Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given	1.28%
4	Screening for clinical depression is documented as negative, and a follow-up plan is not required	67.4%
5	Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible	10.09%
6	Clinical depression screening not documented, and no reason is given	11.93%
Missing	Missing	3.13%
Total		100.00%

Next Steps

- Analyze depression measure results from the PY 2019 PSSR
- Review lessons learned and stakeholder input

Additional Resources

[PY 2019 Technical Specifications](#)

[ESRD QIP page on QualityNet](#)

[PY 2019 ESRD Measures Manual](#)

Contact Information:

[ESRD QIP Q&A Tool on QualityNet](#)