

# Depression Screening (18+)

## GPRO/GPRAMA Measure

Indian Health Service  
National GPRO Team

# Depression-related GPRA measures

- Depression Screening 18+
  - Percentage of adults ages 18 and over who are screened for depression
  - GPRA measure since 2006
  - GPRAMA Measure since FY 2013
- Depression Screening age 12-17
  - Percentage of patients age 12-17 who are screened for depression.
  - New GPRA measure as of FY 2017
  - Other screening tools may be more appropriate for adolescents

# Depression-related measures, cont.

- Antidepressant Medication Management: Acute Treatment
  - Percentage of patients with diagnosed depression who filled enough antidepressant medication prescriptions or refills to provide treatment for at least 84 days (12 weeks)
- Antidepressant Medication Management: Continuous Treatment
  - Percentage of patients with diagnosed depression who filled enough antidepressant medication prescriptions or refills to provide treatment for at least 180 days (6 months)

# Depression Screening 18+

- Measures the proportion of eligible patients who have been screened for depression or diagnosed with a mood disorder during the report period.
- Eligible patients are all adults age 18 and older.

# Measure Logic

## **Denominator:**

Active Clinical patients ages 18 and older, broken down by gender.\*

## **Numerator:**

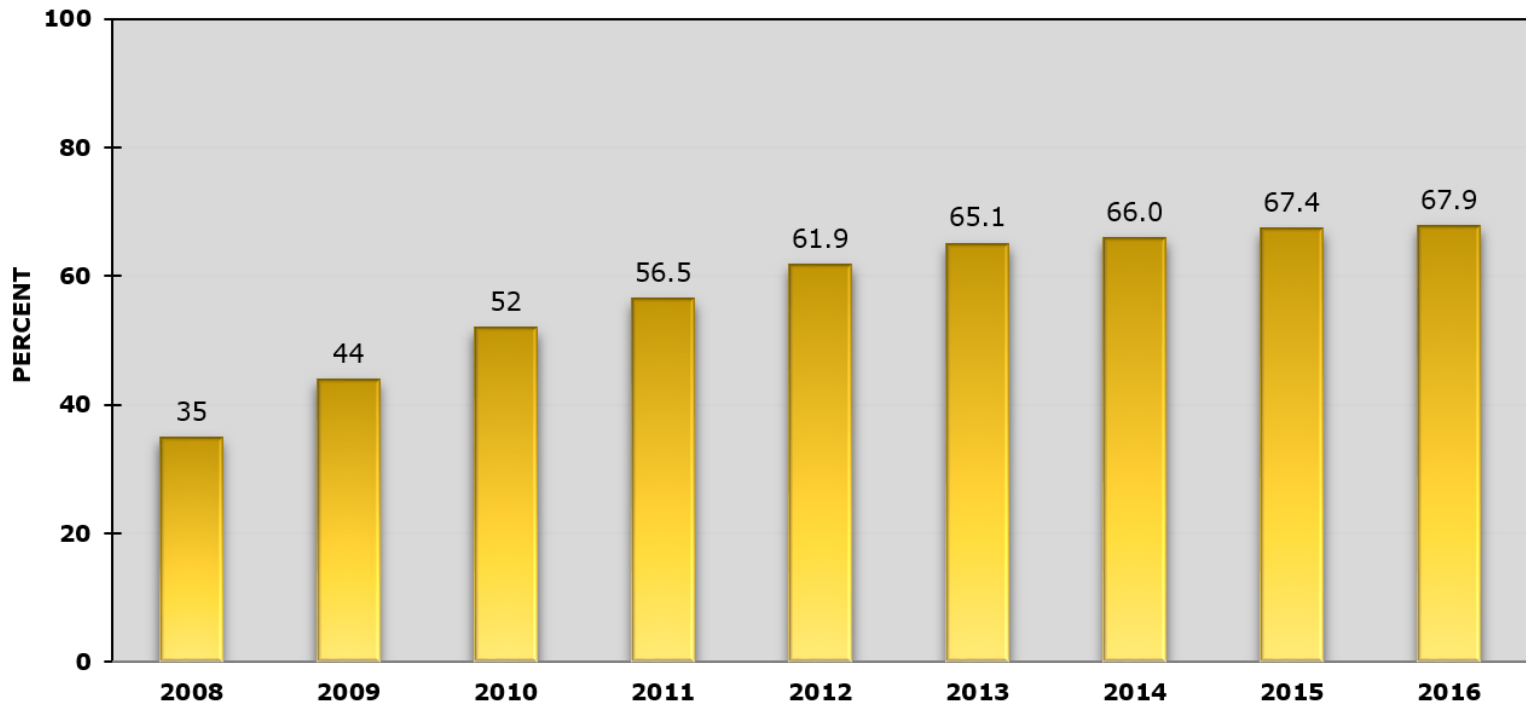
Patients screened for depression or diagnosed with a mood disorder at any time during the report period.

\*CRS includes separate denominators for males and females, however **the GPR measure denominator includes both genders.**

# Federal and Tribal GPRA Results

## Depression Screening

AI/AN patients ages 18 and older who have been screened for depression or diagnosed with a mood disorder within the past year.



# Depression Statistics

- Each year, depression affects an estimated 9% of adults in the United States.
- Depression occurs 70% more frequently in women than in men.
- Depression increases the risk of suicidal behavior.

Source: Duckworth, K. and Shelton, R. (2012). Depression. *National Alliance on Mental Illness*

# Depression and Type 2 Diabetes

- People with diabetes are almost twice as likely to develop depression as those who do not have a chronic medical condition.<sup>1</sup>
- When combined with diabetes, depression contributes to poorer blood glucose control, more frequent hospital visits, higher risk of long-term complications, and a shorter life span.<sup>2</sup>

<sup>1</sup>Pan A, Lucas M, Sun Q, et al. Bidirectional Association Between Depression and Type 2 Diabetes Mellitus in Women. *Arch Intern Med.* 2010;170(21):1884-1891.

<sup>2</sup>Behavioral Diabetes Institute. (2011) Breaking Free From Depression and Diabetes: 10 Things You Need To Know And Do.



# Recommendations for Depression Screening and Follow-up

Screen adult patients for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.<sup>1</sup>

If depression is diagnosed, intervention should include:

- collaborative care team
- patient-centered care
- focus on the patient's chronic diseases
- routine monitoring using a standardized depression survey
- stepped treatment intensification
- follow-up<sup>1,2</sup>

<sup>1</sup>U.S. Preventive Services Task Force. Screening for depression in adults: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med* 2009;151:784-792.

<sup>2</sup>Katon, W. et al. (2010). Collaborative Care for Patients with Depression and Chronic Illnesses. *The New England Journal of Medicine*, 363, 2611-20.

# Recommended Screening Tools

## PHQ-9:

- Scores each of the 9 DSM-IV criteria for depressive disorders
- Establishes diagnosis and grades symptom severity

Source: Pfizer Inc. (1999). Patient Health Questionnaire (PHQ-9). *PRIME-MD*

### PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself...or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite —being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns  +  +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

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# Importance of Depression Screening

- Without treatment, the frequency and severity of symptoms tend to increase over time
- Screening for depression is the first step to identifying patients who need help and follow-up

Source: Duckworth, K. and Shelton, R. (2012). Depression. *National Alliance on Mental Illness*

# Documenting Depression Screening 18+ in CRS

- **Depression Screening**

- Any of the following:
  - Exam code 36
  - POV ICD-9: V79.0
  - CPT 1220F, 3725F, G0444
  - BHS problem code 14.1 (screening for depression)
  - Measurement in PCC or BH of PHQ2, PHQ9 or PHQT

- **Mood Disorders**

- At least two visits in PCC or BHS during the Report Period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are:
  - ICD-9: 296.\*, 291.89, 292.84, 293.83, 300.4, 301.13, 311; ICD-10: F06.31 through F06.34, F1\*.\*4, F10.159, F10.180, F10.181, F10.188, F10.259, F10.280, F10.281, F10.288, F10.959, F10.980, F10.981, F10.988, F30.\*, F31.0 through F31.71, F31.73, F31.75, F31.77, F31.81 through F31.9, F32.\* through F39
  - BHS POV 14, 15

- **Behavioral Health Clinic**

- Clinic codes C4, C9, 14, 43, 48

# IHS GPRA Measure Contacts

- Measure Lead:
  - Miranda Carman: [miranda.carman@ihs.gov](mailto:miranda.carman@ihs.gov)
- National GPRA Lead:
  - Diane Leach: [diane.leach@ihs.gov](mailto:diane.leach@ihs.gov)
- National GPRA Support Team:
  - [caogpra@ihs.gov](mailto:caogpra@ihs.gov)