



Administering the PHQ-9 And Maximizing the Identification of Depression

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Common Issues That Put Residents at High Risk for Depression

- Loss of Health
- Medical Conditions
- Decreased Capabilities
- Decreased Income
- Living in Changing Environments
- Loss of Companionship
- Loss of Control about Life Decisions

All the above examples have significant potential to create or exacerbate pre-existing depressive diagnosis

Consequences of Depression In Skilled Nursing Setting

- Poor adjustment to nursing home
- Increased functional impairment
- Resistant to daily care
- Declines participation in activities
- Isolation/withdrawal
- Increased risk of illness
- Cognitive impairment
- Increase sensitivity to pain
- Poor rehab/care outcome

Residents will frequently deny emotional/behavioral experience, but act out those depressive symptoms... i.e. **won't report or acknowledge experience, but remain symptomatic with a chronic or acute mental illness!!!**

Behavioral Health Federal Regulations

483.40 Behavioral Health Services

- Each resident must receive and the facility must provide necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care
- Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance abuse disorders

Medicare Part A

Prospective Payment System

RUG-IV

Signs of Depression appear as end splits with increased frequency on RUG IV (13x). **Score of 10 or higher moves RUG Category:**

- Special Care High (4x)
- Special Care Low (4x)
- Clinically Complex (5x)

Special Care High

October 2016-17

- HE1 to HE2 \$84
- HD1 to HD2 \$77
- HC1 to HC2 \$71
- HB1 to HB2 \$70

Potential Average Monthly Impact on Income

\$2,265

Special Care Low

October 2016-17

- LE1 to LE2 \$73
- LD1 to LD2 \$70
- LC1 to LC2 \$59
- LB1 to LB2 \$54

Potential Average Monthly Impact on Income

\$1,920

Clinically Complex

October 2016-17

- CE1 to CE2 \$31
- CD1 to CD2 \$31
- CC1 to CC2 \$24
- CB1 to CB2 \$22
- CA1 to CA2 \$17

Potential Average Monthly Impact on Income

\$750

Preparing to Administer PHQ-9:

**The biggest effect on the outcome
of an interview is the
Interviewer**

Review/ Preparation: Identification of Best Way to Facilitate Communication

➤ **Section A** (Identification Information):

A1100- Need for interpreter

➤ **Section B** (Hearing, Speech, and Vision):

B0100- Comatose

B0700- Makes Self Understood*

B0800- Ability to Understand Others*

***Qualifying level makes accurate
administration problematic**

Qualifying Standard for Attempting Interview

B0700- Makes Self Understood

0. Understood
1. Usually Understood
2. **Sometimes understood-ability limited to concrete requests**
3. Rarely/never understood

If You Don't Understand...How Does an Interview Work?*

B0800- Ability to Understand Others

0. Understands
1. Usually understands-misses some part/intent of message but comprehends most conversation
2. Sometimes understands- responds to simple direct communication only
3. Rarely or never understands

***Critical section completely ignored when deciding to attempt interview**

Question D0100*

Should Resident Mood Interview be Conducted?

- 0- Resident is rarely or never understood
(Conduct Staff Assessment PHQ-9-OV)
- 1- Yes Continue to **D0200**

***In terms of attempting interview, the BIMS Score, heavily influenced by immediate recall and temporal orientation is completely ignored...If your immediate recall and temporal orientation is impaired, how accurate is a 2 week recollection?**

Section D: Mood (Depression)

D0100 thru D0350 Interview (PHQ-9)

D0500 thru D0650 Staff Assessment (PHQ-90V)

Intent of Section D: Mood

To identify mood distress, a serious condition which is under diagnosed and under treated. Mood distress is associated with significant morbidity.

Introduction to Interview (D0200)

“I am going to ask you some questions about your mood and feelings over the last 2 weeks. I will also ask you about some common problems that are known to go along with feeling down”

MDS 3.0, Section D0200: Mood Interview PHQ-9

Question to go with items:

“Over the last 2 weeks, have you been bothered by any of the following problems?”

Coding for Column 1

- **0-** not present
- **1-** yes, resident reports symptom present... inquire about frequency
- **9-** unable, chooses not to respond or nonsensical (leave column 2 blank)

Areas of Focus of PHQ-9

(Scored 0-No, 1-Yes, 9-No Response)

- Little interest or pleasure in doing things
- Feeling down, depressed, or hopeless
- Sleep Problems
- Feeling tired or having little energy
- Poor appetite
- Feeling bad about yourself
- Trouble concentrating
- Moving or speaking slowly or fidgety
- **Thoughts that you would be better off dead or hurting yourself in some way?**

PHQ-9

- When there is a positive response to any of the 9 items, assess symptom frequency over last 2 weeks:

“About how often have you been bothered by this?”

With question present card with choices as a visual aid

0 (score) never or 1 day

1 (score) 2-6 days

2 (score) 7-11 days

3 (score) 12-14 days

Range of Score **0 to 27**

MDS Score is based on the sum of frequency of identified symptoms

Score Range for Depression on the PHQ-9

1-4 Minimal Depression

5-9 Mild Depression

10-14 Moderate Depression

15-19 Moderate Severity

20-27 Severe Depression

If resident not able to adequately participate or complete interview the staff will use

PHQ-9-OV

Tips for Column 2

- If resident has trouble choosing between two categories select higher frequency
- Response can be verbal, written, or pointing to a card
- May need to help focus resident or refine/narrow/disentangle response
- Completion of 7 of 9 responses can be scored

IF “Yes” to Inquiry to Self-Harm (PHQ-9 or PHQ-9-OV)

Are there procedures & protocols
In place to respond?

A **positive answer** will likely need an immediate team
decision/response...

Item D0350 or D0650 (Safety Notification):

Was responsible staff or provider informed that there is
a potential for resident self harm?

Response to item is 0...no or 1...yes

Follow-up Questions to Positive Answer on Self-Harm

- Do you feel your situation is hopeless?
- Are you seriously considering ending your life?
- Do you think ending your life would be the right decision?
- Do you have a plan?
- If the opportunity presented itself, would you end your life?
- Have you ever attempted to end your life?
- Has anyone in your family attempted or committed suicide?

Challenges/Limitations of the PHQ-9

- Self-report measure
- **Section B** ignores prerequisite skills and demands on person's ability to process and recall
- You can have a questionable **BIMS**, but still need to attempt interview...resident not temporally oriented, but asked to recall accurately abstract descriptions of symptoms over the previous 2 weeks???
- Ignores clinical presentation, documentation, staff observation, resident behavior, family's input etc..
- Only identifies residents willing to acknowledge symptoms
- Lacks cultural sensitivity
- PHQ-9 is actually more cognitive test than a mood assessment

Important Consideration to Achieve Best Assessment of Depression

Must have Active Interviewer
Versus
Passive Questioning

Important Guidelines

- If resident unsure about frequency, choose higher frequency
- Interview allowed to break question up to make it more understandable
- Allowed to disentangle response
- Don't over interpret resident's response
- Don't be reluctant to score as a nonsensical response and move to staff assessment

Double Checks If You Are Capturing Depression

- Compare those who fail to trigger to psychotropic medication list
- Is resident being actively treated for depression
- Is depression listed as a diagnosis
- What is your specific capture rate for residents in High Level, Low Level, and Clinically Complex RUGs Categories

Resident's Agenda, Interviewer's Goals, & Training and Support

Resident's Point of View

- Angry about placement?
- Cultural influence?
- Wants to be discharged?
- Attention seeking and dramatic?
- Seeking medication?....primarily anxiety meds

Interviewer

- Trained to deal with it as a clinical assessment?
- Relationship/rapport with resident?
- Time to do adequate assessment?

Reminders

- Be sure interviewers are aware of importance of PHQ-9 score
- Provide training related to interview approach
- Provide adequate time
- Help resident refine, narrow, and disentangle response
- When resident unsure of frequency, score higher category
- Utilize staff assessment when appropriate
- **Clinical documentation must be in place to support PHQ-9 Score!!!!!!!!!!**



SimpleAnalyzer™ from SimpleLTC

for MDS 3.0 analytics and quality measures

Optimize and “scrub” MDS data to:

- *identify diagnosis trends*
- *improve quality measures*
- *reduce rehospitalizations*
- *optimize reimbursement*

Identifying depression trends

- View real-time updates after each MDS submission
- Quickly identify residents with depression-related diagnoses
- Customize search timeframes
- View company/facility-level data
- Export for internal/external use

SIMPLELTC™

Scroll To:

Export:

Filters:

Sunvale Nursing >

Diagnoses – Sunvale Nursing Centers

Exclude:

Sum By:



I00-I99 - Diseases of the circulatory system	18.1%	3968
R00-R99 - Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	15.0%	3297
E00-E89 - Endocrine, nutritional and metabolic diseases	13.4%	2942
F01-F99 - Mental, Behavioral and Neurodevelopmental disorders	10.3%	2261
M00-M99 - Diseases of the musculoskeletal system and connective tissue	9.8%	2147
K00-K95 - Diseases of the digestive system	5.9%	1297
G00-G99 - Diseases of the nervous system	5.7%	1245
J00-J99 - Diseases of the respiratory system	5.2%	1149
N00-N99 - Diseases of the genitourinary system	5.0%	1097
Z00-Z99 - Factors influencing health status and contact with health services	3.0%	647
D50-D89 - Diseases of the blood and blood-forming organs and certain disorders involving the imm...	2.6%	564
A00-B99 - Certain infectious and parasitic diseases	1.4%	308
H00-H59 - Diseases of the eye and adnexa	1.3%	289
S00-T88 - Injury, poisoning and certain other consequences of external causes	1.3%	279
L00-L99 - Diseases of the skin and subcutaneous tissue	1.1%	247
C00-D49 - Neoplasms	0.5%	113
H60-H95 - Diseases of the ear and mastoid process	0.1%	31
V00-Y99 - External causes of morbidity	0.1%	19
Q00-Q99 - Congenital malformations, deformations and chromosomal abnormalities	0.0%	8
O00-O9A - Pregnancy, childbirth and the puerperium	0.0%	3
P00-P96 - Certain conditions originating in the perinatal period	0.0%	3

F01-F99 - Mental, Behavioral and Neurodevelopmental disorders		13215
F30-F39 - Mood [affective] disorders		5129
F33 - Major depressive disorder, recurrent		4404
F33.9 - Major depressive disorder, recurrent, unspecified	97.5%	4293
F33.8 - Other recurrent depressive disorders	1.4%	63
F33.1 - Major depressive disorder, recurrent, moderate	0.5%	20
F33.3 - Major depressv disorder, recurrent, severe w psych symptoms	0.2%	10
F33.2 - Major depressv disorder, recurrent severe w/o psych features	0.2%	8
F33.0 - Major depressive disorder, recurrent, mild	0.2%	8

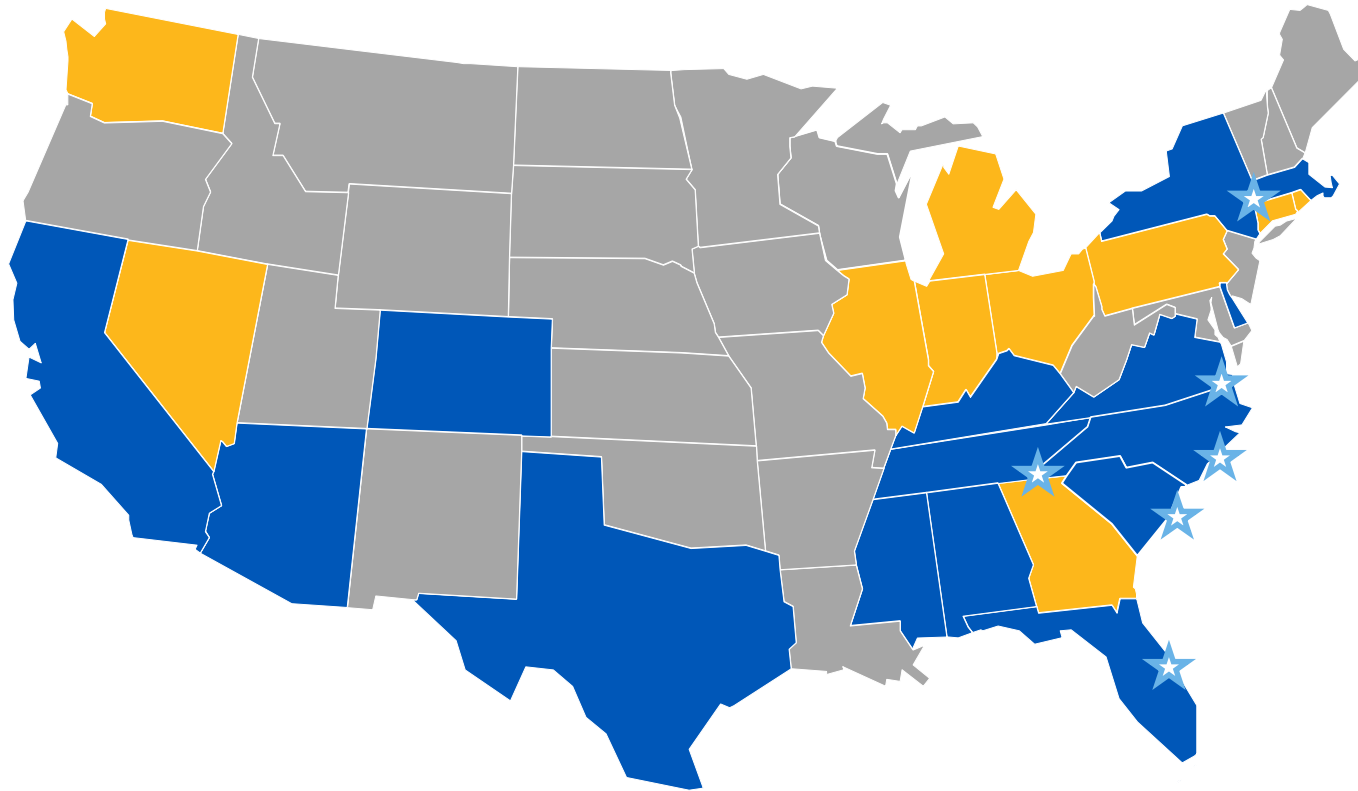


TeamHealth Profile

- Founded in 1979 by Dr. Lynn Massingale
- Physician led and managed
- 97% Client retention rate
- 93% Clinician retention rate
- 19,000 Affiliated healthcare professionals
- 29 Million+ patients cared for annually across a range of strategic service lines
- Readmission rates below the national average
- Fortune's Most Admired – 2015, 2016, 2017
- Becker's Great Place to Work – 2015, 2016, 2017

Acute Care Surgery
Anesthesia
Critical Care
Emergency Medicine
Hospital Medicine
OB/GYN Hospitalist
Orthopedic Hospitalist
Post-acute Care
Behavioral Health
Ambulatory Care

Behavioral Health Footprint Today



200 Behavioral Health providers
managing over 900,000 annual patient visits
800+ PAC facilities

Summary & Questions