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Addressing Depression in Dialysis Patients

A New ESRD QIP Reporting Initiative

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Meeting Objectives

- Describe the current state of the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)
- Discuss clinical depression in beneficiaries with ESRD
- Explore details of the Payment Year (PY) 2018 Clinical Depression Screening and Follow-Up reporting measure
- Summarize criteria for evaluating screening tools
- Identify considerations for further conversations

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Current State of the ESRD QIP

Goals of the CMS Quality Strategy

- **Make care safer by reducing harm caused in the delivery of care**
  - Improve support for a culture of safety
  - Reduce inappropriate and unnecessary care
  - Prevent or minimize harm in all settings
- **Strengthen person and family engagement as partners in their care**
- **Promote effective communication and coordination of care**
- **Promote effective prevention and treatment of chronic disease**
- **Work with communities to promote best practices of healthy living**
- **Make care affordable**

Ongoing Focus: Integrating Broader Indicators of Patient Well-Being

Focus: Incorporate patient outcomes beyond laboratory indicators

Example 1: CMS has **finalized** clinical measures on hospital readmission rates, transfusion-rates, and patient experience of care

- PY 2017: Standardized Readmission Ratio (SRR) to measure unplanned readmissions of patients with ESRD in a risk-adjusted manner
- PY 2018: Standardized Transfusion Ratio (STrR) to measure unnecessary transfusions for patients with ESRD in a risk-adjusted manner
- PY 2018: In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) expanded from reporting to clinical measure

Ongoing Focus: Integrating Broader Indicators of Patient Well-Being (continued)

Focus: Incorporate patient outcomes beyond laboratory indicators

Example 2: CMS has **finalized** reporting measures on pain and depression in patients

- PY 2018: Screening for Clinical Depression and Follow-up reporting measure to evaluate whether facilities report data on how often they screen patients with ESRD for depression
- PY 2018: Pain Assessment and Follow-Up reporting measure to evaluate whether facilities report data on how often they assess patients with ESRD for pain

Progress in ESRD Treatment, as Shown in Improved Performance Standards

National facility performance on ESRD QIP clinical measures has improved over time

National Performance Standards, by Payment Year

Measure	PY 2012	PY 2013	PY 2014	PY 2015	PY 2016	PY 2017	PY 2018
Hgb > 12*	26%	14%	4%	1%	0%		
URR†	96%	97%	98%				
VAT – Fistula†			58%	60%	62.3%	64.5%	66.02%
VAT – Catheter*			14%	13%	10.6%	9.9%	9.24%
Kt/V – Adult HD†				93%	93.4%	93.7%	95.07%
Kt/V – Adult PD†				84%	85.7%	87.5%	88.67%
Kt/V – Pediatric HD†				93%	93%	92.5%	89.45%
Kt/V – Pediatric PD†							72.60%
NHSN BSI*					0.861	0.861	0.861
Hypercalcemia*					1.7%	1.3%	1.13%
STrR*							0.915

* denotes measures where lower rate indicates better care

† denotes measures where higher rate indicates better care

ESRD Measures Manual

- Provides a transparent and detailed description of how CMS ESRD measures are calculated
- Offers the public a comprehensive understanding of how CMS evaluates the quality of care provided by dialysis facilities
- Will be updated annually to reflect updates from recommendations collected via JIRA and substantive changes made through rulemaking

The *Manual* is "As-Is"

- Documents the way the measures are currently specified for Calendar Year (CY) 2016
- Will contain the level of detail that currently exists in present documentation; additional details will be added in response to requests via the JIRA platform

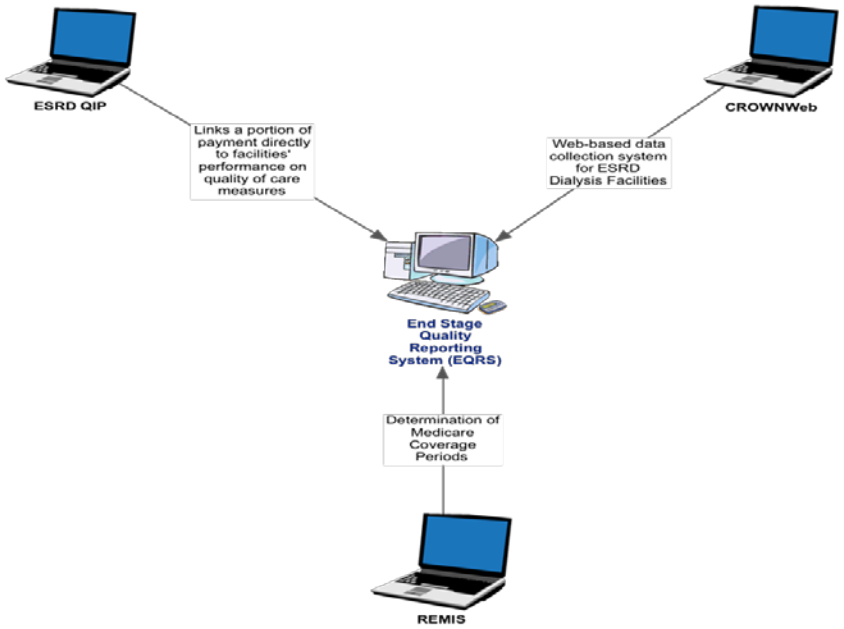
ESRD Measures Manual (continued)

- CMS created a JIRA platform that anyone can use to submit questions about CMS ESRD quality measures, as well as recommendations for *non-substantive*, technical changes
- Substantive changes to the ESRD QIP measure set will continue to be made through rulemaking; the public will continue to submit recommendations for substantive changes via public comments
- The *Manual* will be posted in a publicly available location
  - After reviewing the *Manual*, facilities can view or add a comment by accessing the provided JIRA link
  - CMS will provide a users' manual and training on using and accessing the JIRA system early next year
- Note: Information in JIRA is non-binding; the ultimate source of record is the *Manual* itself and its interpretation of policies finalized during rulemaking (as applicable for the ESRD QIP)

ESRD Quality Reporting System (EQRS)

The **ESRD Quality Reporting System (EQRS)** is an effort to coordinate currently disparate functions into an integrated capability

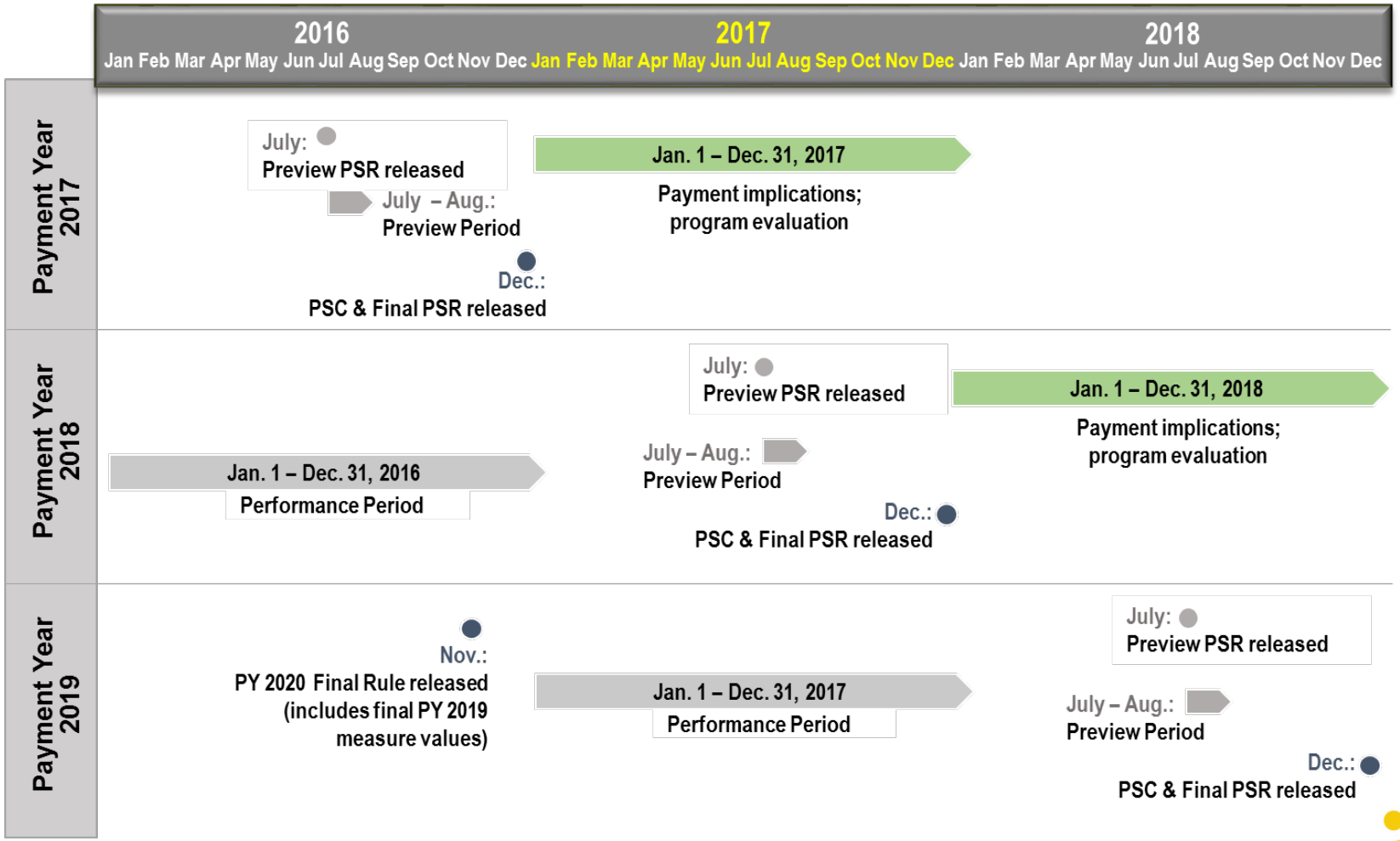
- Organizes three main components under a management “umbrella” to improve alignment:
  - ESRD QIP system (v. 1.0, 1.1, etc.)
  - CROWNWeb
  - Renal Information Management System (REMIS)



ESRD QIP 1.0 System

- First enterprise system for ESRD facilities
- Initial release in July 2015 to kick off the PY 2016 Preview Period
- Core functions:
  - Facility interface for accessing reports and other content about performance and scoring
  - Calculation of measure scores using data from Medicare claims, CROWNWeb, Centers for Disease Control and Prevention (CDC), and other sources
  - Bilateral communication channel during the Preview Period
- Upcoming releases will address user identity and registration, system enhancements, user interface, and PY 2017 functionality

Upcoming ESRD QIP Dates and Milestones: 2016 – 2018



Upcoming Presentations

Registration for the following National Provider Calls (NPC) available via Medicare Learning Network (MLN) Connects

- ***Accessing PY 2016 Final Performance Score Reports and Performance Score Certificates***
  December 9, 2015; 2:30 – 3:30 pm EST

- ***PY 2019 Final Rule***
  January 19, 2015; 2:00 – 3:30 pm EST

  Materials will be posted to the ESRD QIP section of CMS.gov following the presentation

Town Hall on ESRD QIP System
December 17, 2015, 2:00 – 3:00 pm EST
Registration will open approximately one week in advance on www.mycrownweb.org

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Clinical Depression in Beneficiaries with ESRD

Depression in Dialysis Patients: The Situation

Nearly 30% of beneficiaries with ESRD experience significant symptoms of depression, leading to:

- Lower energy
- Fatigue
- Sleep disturbance
- Anorexia

Consider: How do depression and its symptoms impact compliance and health outcomes?

Depression in Dialysis Patients: The Impact

Patients on chronic hemodialysis with depression are **twice as likely** to die or require hospitalization within a year than others without depression

Potential consequences:

- Skipped/missed treatments
- Non-adherence to medication regimen
- Compromised daily life activities
- Reduced health-related quality of life
- Increased hospitalizations
- Self-medication (substance abuse)
- Critical treatment provided in emergency rooms/intensive care units
- Fatalities

Source: S. Susan Hedayati et. al, “A practical approach to the treatment of depression in patients with chronic kidney disease and end-stage renal disease,” *Kidney International* 81, 247 – 255 (February (1) 2012).

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ESRD QIP Clinical Depression Screening Reporting Measure

Reporting Measure Definitions

Clinical Depression Screening and Follow-Up reporting measure was finalized for PY 2018 (performance period begins Jan. 1, 2016)

Definition: Indicate the outcome of clinical depression **screening**[1] and **follow-up plan**[2] documented for the selected **patient**[3]

1. "Screening" – 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
2. "Follow-Up Plan" – A documented outline of care for a positive depression screening (see next slide)
3. "Patient" – Individual who has been admitted and received dialysis at a facility for the payment year in question

“Follow-Up Plans”

An appropriate follow-up plan outlines a proposed course of action, 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

Defining Conditions

- **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

Defining Conditions (continued)

- **Not eligible for follow-up** – A patient may not be eligible for follow-up plan, or it may not be appropriate for a patient to undergo treatment or therapy for depression because such treatments are medically contraindicated
- **Not eligible for screening** – A patient is not eligible for depression screening if one or more of the following reasons are documented in the patient's medical record:
  - Patient refuses to participate
  - Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status
  - Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools (e.g., certain court-appointed cases; cases of delirium)
  - Patient has an active diagnosis of depression
  - Patient has a diagnosed bipolar disorder

Justification for any of these findings should be documented in the patient's medical record

Reporting Measure Requirement

Facilities must report one of the following conditions for each eligible patient before February 1, 2017:

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**

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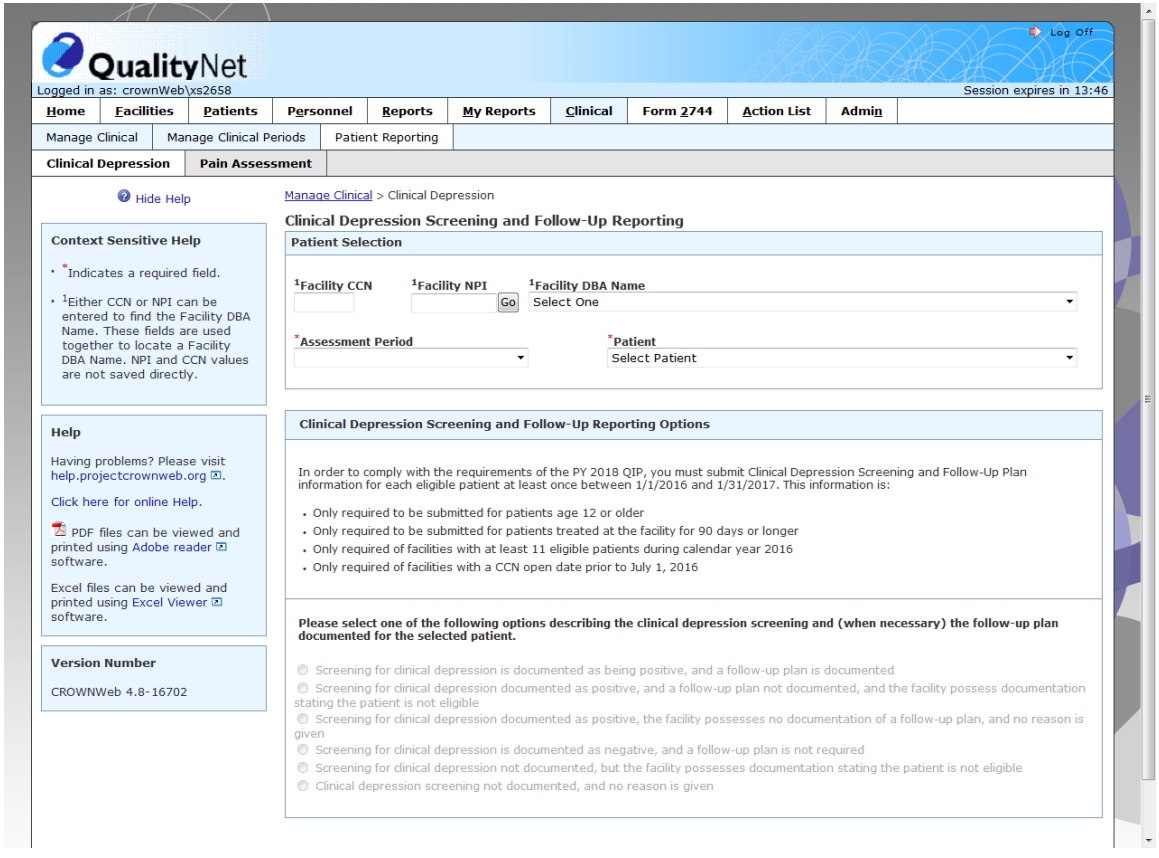
Data Submission for Clinical Depression Screening in the ESRD QIP

CROWNWeb Interface

Screening data must be entered into CROWNWeb, regardless of the tool used



Anticipated Application of the Depression Screening Measure

In the ESRD QIP, reporting measures are intended to provide the basis for potential future clinical measures

Current: Reporting measure scores facilities on the basis of whether the facility submitted data about its screening of patients

- Facilities are not required at this time to screen their patients – they simply have to disclose whether they conduct the screening (and, if so, what follow-up plan it established) for each patient
- Facilities do not currently provide the results of the screening to CMS

Future application: Potential clinical measure scores facilities on the quality of its screening practices

- Facilities will be required to screen their patients and establish appropriate follow-up plan
- ***Facilities will not be measured or penalized*** on their patients' mental health, but instead on the quality (not outcome) of the steps taken to assist patients

Mini-Breakout Session – Discussion Questions

1. **What do facilities hope to learn by screening patients for depression?**

2. **How would depression screening information impact facility operations and Network-wide initiatives to improve quality?**

   - Identify patients needing mental health services earlier?
   - Identify patients at risk of suicide?
   - Identify patients looking to withdraw from therapy?
   - Improve compliance through prompt intervention and treatment?
   - Other goals?

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Identifying Clinical Depression Screening Tools

Policy Options for Clinical Depression Screening Tools

The CY 2015 ESRD Prospective Payment System (PPS) final rule ***identifies*** **(but does not *recommend*)** several examples of appropriate screening tools (see 79 FR 66120, 66201 (2014))

Adolescent Screening Tools (12 – 17 years)	Adult Screening Tools (18 and older)
Patient Health Questionnaire for Adolescents (PHQ-A)	Patient Health Questionnaire (PHQ-9)
Beck Depression Inventory- Primary Care Version (BDI-PC)	Beck Depression Inventory (BDI or BDI-II)
Center for Epidemiological Studies Depression Scale (CES-DC)	Center for Epidemiological Studies Depression Scale (CES-D)
PRIME MD-PHQ2	PRIME MD-PHQ2
Mood Feeling Questionnaire (MFQ)	Depression Scale (DEPS)
	Duke Anxiety-Depression Scale (DADS)
	Geriatric Depression Scale (GDS)

Note: The name of the age-appropriate standardized depression-screening tool that the facility used must be documented in the medical record.

Criteria for Evaluating Screening Tools

Screening tools vary significantly in a number of areas

- Availability in multiple languages suitable for the facility's patients
- Method(s) of administration (e.g., survey taken by patient independently; administered by staff member verbally to the patient)
- Required literacy level/medical knowledge on the part of the patient to understand and respond accurately to the tool's questions
- Applicability to multiple facility requirements (e.g., screening tool specified by the Physician Quality Reporting System (PQRS) – will it also be applicable for screening ESRD patients?)
- Ability to distinguish between somatic pain and depression in patients with ESRD (due to similar characteristics)

Mini-Breakout Session – Discussion Questions

1. **What tools do facilities in your Network already use that can be applied to ESRD patients?**

2. **How would they appear/rank in your evaluation?**

3. **What do you think of the four representative tools evaluated in the fact sheet?**

4. **Are you familiar with the PQRS-specified screening tool? Do you think it would serve a facility's need to screen the ESRD patient population?**

5. **How does the KDQOL differ from the identified depression-screening tools, and why does the KDQOL not qualify as a depression-screening tool for purposes of this measure?**

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Take Homes

Leaving in Action

Please consider the following when collaborating with clinical staff in your facilities, and share thoughts with CMS at ESRDQIP@cms.hhs.gov

- How does depression in patients with ESRD compare with that of other patient populations suffering with different ailments (e.g., cancer)?
- Are you comfortable discussing depression with your patients?
- What obstacles do you face or anticipate for implementing a screening program? What ideas do you have for overcoming them?
- What features of a depression screening tool are most useful (or otherwise important) to the facilities in your Network?
- How do you anticipate using screening results to help improve the quality of care provided to patients?
- Does the community have a need for CMS follow-up training and/or additional communications (e.g., an NPC or fact sheet) on this topic?

Online Resources

- **CMS ESRD QIP:** www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html
- **MLN Connects National Provider Call Program:** https://www.cms.gov/Outreach-and-Education/Outreach/NPC/index.html?redirect=/NPC
- **ESRD National Coordinating Center (NCC):** www.esrdncc.org
- **QualityNet:** www.qualitynet.org
- **Dialysis Facility Compare:** www.medicare.gov/dialysisfacilitycompare
- **CROWNWeb:** mycrownweb.org
- **National Quality Forum:** www.qualityforum.org

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