Summary of Representative Clinical Depression Screening Tools

The Centers for Medicare & Medicaid Services (CMS) uses a variety of levers to support its Three-Part Aim and the six domains of care based on the National Quality Strategy (NQS). Those levers include:

- Continuous quality improvement (CQI) efforts;

- Transparency and robust public reporting;

- Coverage and payment decisions;

- Payment incentives;

- Conditions for coverage; and

- Grants, demonstrations, pilots, and research.

CMS strives to ensure that all of these complex levers work in concert in order to improve the quality and cost efficiency of national dialysis care for all beneficiaries. These various levers share a common goal—the provision of cost-efficient and clinically effective patient care—and they ideally complement each other to these ends. The End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) provides an important lever for safety, value, and quality for CMS.

The ESRD QIP promotes high-quality care delivered by outpatient dialysis facilities treating patients with ESRD. The first of its kind in Medicare, this program changes the way CMS pays for the treatment of ESRD patients by linking a portion of payment directly to facilities' performance on quality care measures. The ESRD QIP will reduce payments to ESRD facilities that do not meet or exceed certain performance standards.

For more information about the program, see http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/index.html. If you have questions about the program after reviewing this content, you may reach the CMS ESRD QIP staff by emailing ESRDQIP@cms.hhs.gov.

Please note that this document is an informal reference only, and does not constitute official CMS guidance. Please refer to the implementing regulations.

Introduction

Dialysis facilities and other healthcare providers have various depression screening tools available to them. The tools listed in this document are examples of some of the tools available for use in identifying beneficiaries with End-Stage Renal Disease (ESRD) that are at risk for depression. Each tool was evaluated with the ESRD population in mind, including the pros and cons, applicable age groups, and the minimum reading level to complete the assessment.

Note that the "cutoff value" used in this document reflects the needs of the ESRD population; cutoff values are higher than for standard populations, due to the fact that the ESRD population frequently have somatic symptoms. Somatic symptoms (e.g., fatigue, loss of appetite, difficulty sleeping, loss of energy) will mimic depressive symptoms during a depression screening assessment. Although a number greater than the cutoff indicates a positive screening for depression, it does not indicate a diagnosis.

Please also note that the Centers for Medicare & Medicaid Services (CMS) *does not recommend* the use of any specific screening tools; instead, the Calendar Year 2015 ESRD Prospective Payment System final rule simply *identified* several examples of appropriate screening tools, including the ones summarized here.

Beck Depression Inventory (BDI)

Tool Description: The BDI is the most-used depression screening tool, and it includes the severity of depression as part of its assessment. Several versions of the BDI tool exist. The BDI-II is a revision to the original BDI tool, with 21 items for emotional, behavioral and somatic symptoms. The test takes 5 – 10 minutes to complete. The BDI-Fast Screen (BDI-FS) is a seven-item, self-reported depression assessment for adolescents and adults. This tool takes into account somatic symptoms, which in turn reduces the number of "false positives." This tool can be administered easily during routine dialysis care.

Scoring in ESRD: BDI-II cutoff value of ≥ 16; BDI-FS cutoff value of ≥ 4

Pros: Able to put a label on a cluster of symptoms. Does not take too much time to complete. Enables provider to determine a treatment plan. BDI-FS is an effective tool for ESRD that can be incorporated into routine care.

Cons: Self-reported; scores are thus dependent on the individual completing the assessment. May need to supplement with a structural interview by a provider to increase accuracy. Not available for pediatrics.

Age Group: Adults and adolescents 13 years of age and older

Languages: English, Spanish, Dutch, Finnish, German, Icelandic, Italian, Swedish, Turkish, Arabic, Chinese, Japanese, Persian, Xhosa

Level of Education: 5th-grade reading level

Center for Epidemiologic Studies Depression Scale (CES-D)

Tool Description: CES-D is a short, self-reported depression assessment tool for symptoms of depression within the previous week. The tool contains 20 questions, and can either be completed by the patient or administered by a healthcare provider. The CES-DC is the pediatric version of the CES-D tool. It contains 20 questions, can be administered by the healthcare provider, and takes approximately 5 minutes to administer.

Scoring in ESRD: CES-D cutoff value of ≥ 18; CES-DC cutoff value of ≥ 16

Pros: Short assessment takes only five minutes to complete. Useful in screening for depression in adults of all ages and ethnic groups. Questions does not contain any somatic items (avoiding potential confusion with ESRD symptoms).

Cons: Not a clinical diagnostic tool. Variations in results possible as a result of interviewer's understanding of questions (or patient's understanding, when used as a self-reported tool). Little evidence of the tool's applicability with ethnic and cultural differences.

Age Group: CES-DC tool for ages 6 – 17; CES-D tool for adults and geriatric populations.

Languages: English, Spanish, Dutch, Croatian, Chinese

Level of Education: 6th-grade reading level

Geriatric Depression Scale (GDS)

Tool Description: The GDS is specific for the geriatric population. The tool, originally consisting of 30 items, has been modified to variations with either 15 or 5 items (GDS-15 and GDS-5, respectively) to be better received by elderly patients. The assessment is a self-reported tool with yes/no answers.

Scoring in ESRD: 15-item cutoff value of ≥ 5

Pros: Takes 2 – 5 minutes with yes-or-no questions. Easily tolerable for the geriatric population.

Cons: Not accurate with dementia patients or the cognitively impaired. GDS-5 has lower consistency compared to the original tool or the 15-item version.

Age Group: Elderly

Languages: English, Spanish, Arabic, Chinese, Dutch, Finnish, Farsi, French, German, Hebrew, Hindi, Hungarian, Icelandic, Italian, Japanese, Portuguese, Russian, Norwegian, Korean

Level of Education: 6th-grade reading level

Patient Health Questionnaire (PHQ)

Tool Description: PHQ is used to screen, diagnose, monitor, and measure the severity of depression. It incorporates the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) criteria (but not its exclusions). Two versions of the PHQ tool are in use: The PHQ-9 tool is for the adult population, and the PHQ-A is for the pediatric population.

Scoring in ESRD: Moderate depression cutoff value of 10 – 14, Moderately Severe depression cutoff value of 15 – 19, Severe depression cutoff value of 20 – 27

Pros: Completed by the patient. Completion takes only a few minutes. Test scoring can be completed in a few minutes. Can be administered multiple times to monitor progression or improvement. Assess the severity of symptoms.

Cons: Does not include DSM-IV exclusions. Underdiagnoses bipolar disorder.

Age Group: PHQ-9 for adults and geriatrics; PHQ-A for children 11 – 17

Languages: English, Arabic, Assamese, Chinese (Cantonese, Mandarin), Czech, Dutch, Danish, English, Finnish, French, French Canadian, German, Greek, Gujarati, Hindi, Hebrew, Hungarian, Italian, Malay, Malayalam, Norwegian, Oriya, Polish, Portuguese, Russian, Spanish, Swedish and Telugu

Level of Education: 6th-grade reading level