Depression Quality Measure

Peggy E. Williams, SW, RAC-C
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MDS Coding and RAP Evaluation for Depression in LTC

- At the conclusion, each participant should be able to:
  - Understand what MDS items flag the Depression QM
  - Accurately code the MDS items for Sections E and K4c
  - Use the RAPs to screen and evaluate potential mood state complications
  - Locate other resources and tools to address the Depression QM

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Depression QM Description

- Residents who have become more depressed or anxious

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Depression QM Target Assessment

- Most recent MDS within previous six months
  - Reason for assessment (RFA, AA8) coded as:
    - Admission (01/*)
    - Annual (02/*)
    - Significant change in status (03/*)
    - Significant correction of prior full assessment (04/*)
    - Quarterly (05/*)
    - Significant correction prior quarterly assessment (10/*)
  - Assessment reference date (ARD, A3a) within window

Depression QM Prior Assessment

- MDS within 46 – 165 days before target assessment
  - "Normal (OBRA) assessment"
  - Assessment reference date (ARD, A3a) within window
- Most recent full assessment within 18.5 months before target assessment
  - One MDS item (K4c) is carried forward if target assessment is a quarterly without that item

Depression QM Specifications

- Numerator: Residents whose Mood Scale scores are greater on target assessment relative to prior assessment
- Denominator: All residents with a valid target assessment and prior assessment

Depression QM Results

- Numerator divided by denominator equals percent of residents who flag the QM
- http://www.medicare.gov/NHCompare/home.asp
- National percent is 15%
- State percents for SD, CO, ID, MT, NE, ND, WA, WY ranges from 15% to 24%

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Depression QM Exclusions

- Residents are excluded from the results if:
  - Mood Scale score is missing on target assessment
  - Mood Scale score is missing on prior assessment and score indicates symptoms of depression on target assessment
  - Mood Scale score is at maximum of 8 on prior assessment
  - Resident is comatose (B1 = 1) or B1 data is missing on target assessment

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Mood Scale Definition

- Count of the following conditions:
  1. Verbal expression of distress
  2. Crying, tearfulness
  3. Agitation
  4. Leaves food uneaten
  5. Repetitive health complaints
  6. Repetitive/recurrent verbalizations
  7. Negative statements
  8. Mood symptoms not easily altered

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Condition 1

- Verbal expressions of distress
  - E1a. Resident made negative statements
  - E1c. Repetitive verbalizations
  - E1e. Self deprecation
  - E1f. Expressions of…unrealistic fears
  - E1g. Recurrent statements that something terrible is about to happen
  - E1h. Repetitive health complaints

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Conditions 2 and 3

2. E1m. Crying, tearfulness
3. Motor Agitation
   - E1n. Repetitive physical movements (pacing, hand wringing, restlessness, fidgeting, picking)

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Condition 4

- K4c. Leaves 25% or more of food uneaten at most meals
  - Value may be pulled forward from the last full assessment if target assessment is quarterly and it does not include K4c.

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Conditions 5 and 6

- E1h. Repetitive health complaints
  - Persistently seeks medical attention
  - Obsessive concern with body function
- Repetitive / recurrent verbalizations
  - E1a. Resident made negative statements
  - E1c. Repetitive verbalizations
  - E1g. Recurrent statements that something terrible is about to happen

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Conditions 7 and 8

- Negative statements
  - E1a. Resident made negative statements
  - E1e. Self deprecations
  - E1f. Expressions of what appears to be unrealistic fears
- Mood symptoms not easily altered
  - E2. Mood persistence

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Case scenario – Resident 1

- Target assessment - 2nd quarterly
  - E1a coded
  - Flagged conditions 1, 6, and 7
  - No depression diagnosis
  - Diagnoses include Alzheimer's and stroke
- Previous assessment - 1st quarterly
  - No conditions flagged
- Admission assessment flagged only condition 4 (K4c)

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Case scenario – Resident 2

- Target assessment - 2nd quarterly
  - E1h, E1n, E2, K4c coded
  - Flagged conditions 1, 3, 4, 5, and 8
  - No depression diagnosis
  - Diagnoses include OCD, Parkinson's, chronic anxiety
  - Other conditions included carious teeth, back pain, contractures
- Previous assessment - 1st quarterly
  - E2 and K4c coded
  - Flagged conditions 4 and 8
- Admission assessment had no flagged conditions

Case scenario – Resident 3

- Target assessment – 1st quarterly
  - K4c coded
  - Flagged condition 4
  - No depression diagnosis
  - Other notes: admit 87 lbs, 1st quarter 90-91 lbs
- Previous assessment - Admission assessment
  - No flagged conditions

Section E1 Intent

- Record frequency of indicators observed
- In last 30 days
- Irrespective of the assumed cause of the indicator
  - Crying, tearfulness when reading Christmas letters or saying goodbye to family
  - Parkinson's movements?

Section E1 Process

- Converse with resident
- Observe resident
- Consult with caregivers over all shifts and with family or friends with direct knowledge
- Review record for relevant information
- Be aware that staff might not think to report if it is part of the resident's "normal" or "usual" behaviors

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Documentation clarifications

- Daily communication is crucial for monitoring and care giving.
- Educate all caregivers (direct care staff, housekeepers, maintenance, dietary) to observe for indicators.
- Determine form and format that works to facilitate ongoing communication of the observed indicators and response to treatment.

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Section E1 Coding

- "Remember, code regardless of what you believe the cause to be."
  - 1. Indicator exhibited up to five days a week (at least once during 30 day window but less than 6 days in a week)
  - 2. Indicator exhibited daily or almost daily (6, 7 days a week)
- Try a rule-out process

  0 (didn't occur) → 1 ← 2 (6, 7 days a week)

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Sad Mood

- E2. Mood Persistence
  - Code 1 – indicator present (E1) and easily altered
  - Code 2 – indicator present but not easily altered
- Process: observe resident, discuss indicator with caregivers over all shifts and with resident's family or friends
- Take note of the assessment reference window of a 7 day look back

Test your thinking

- Is it possible to have E2 coded as "0. No mood indicators" and have indicators coded in E1 as 1 or 2?

Section K4c. Leaves ≥ 25% Uneaten

- Definition: at least 2 out of 3 days (even when substitutes are offered)
- "This assumes the resident is receiving the proper amount of food to meet their daily requirements and not excessive amounts above and beyond what they could be expected to consume."
- www.mypyramid.gov "One size doesn't fit all."
- Person-centered approach to menu planning

Resident Assessment Protocols (RAP)

- Comprehensive evaluation of depressive and anxious symptoms
  - Mood State
  - Psychotropic Drug Use
  - Nutritional Status
- RAP evaluation goes beyond making a list of conditions or medications that may have some relevance to the triggered RAP
- RAP evaluation involves making decisions about those and care planning accordingly

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Mood State RAP

- When did problems start?
- Is there a previous history?
- How do problems affect appetite and activities?
- Look for possible reversible causes – delirium, life changes, relationship problems, change in medications
- What is the response to the current treatment plan (if there is one)?
- Have other conditions developed or intensified?

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Psychotropic Drug Use RAP

- Triggers only if resident is on antipsychotic, antianxiety, or antidepressant drug and has a potential drug-related symptom
- When did symptom begin in r/t when drug was started?
- Drug review – indication, dose, duration, duplicate therapy, resident's metabolism
- Seek input from pharmacist and physician

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Nutritional Status RAP

- Why is resident leaving food?
  - Physical causes that reduce ability or stamina to feed self
  - Chewing or swallowing problems
  - Loss of appetite
  - Medical causes that increase anxiety or decrease desire
  - Mental causes that decrease attention or ability to know what to do during mealtime
  - Inability to communicate
  - Too much food

Nursing Home Quality Initiative

- www.MedQIC.org
  - Nursing Homes link
  - Depression link
- Fast Facts: Depression *Overview*
  - 20% of the 1.5 million adults in nursing homes have symptoms of depression
  - Clinically significant depression from 24-50%
  - 13% of residents develop new episode of major depression over one year period
  - 18% develop new depressive symptoms

Nursing Home Quality Initiative

- Fast Facts: Depression *Screening*
  - Depression remains substantially under diagnosed and under treated
  - Screening instrument, like Geriatric Depression Scale (GDS) – test if a person needs further evaluation for a problem or condition
  - MDS – identify if person demonstrates certain symptoms consistent with depression
  - RAPs – synthesize screening and assessment information within a comprehensive evaluation