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OASIS Item Focus: M1730: Get Comfortable with Depression Screening for Better Process Measures

Is the PHQ-2© the right tool for your patient?

Conducting a depression screening at start and resumption of care isn't just a best practice it's a publicly reported process measure. Make sure your answers to M1730 Depression Screening are accurate and your patients will benefit as well.

The identification of depressed mood is a best practice for a reason, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C, HCS-O**, consultant and principal of **Selman-Holman & Associates** and **CoDR Coding Done Right** in Denton, Texas. "CMS has already determined that patients who have depression symptoms are less likely to meet their outcomes."

Establish the Basics

Your response options for M1730 Depression Screening are:

0 No;
1 Yes, patient was screened using the PHQ-2© scale;
2 Yes, with a different standardized assessment and the patient meets criteria for further evaluation for depression;
3 Yes, patient was screened with a different standardized assessment and the patient does not meet criteria for further evaluation for depression.

Take a Compassionate Approach

"Obtaining accurate information to correctly answer M1730 Depression Screening is sometimes difficult because of the client's reluctance to discuss issues around depression," says **Pat Jump** with Rice Lake, Wis.-based **Acorn's End Training & Consulting**. "In spite of significant advancements, there is often times a perceived (and sometimes real) stigma attached to mental health diagnoses, including depression."

Essential: "The clinician must get a comfort level with the patient prior to assessing for the problem," says **Arlene Maxim, RN,** founder of **A.D. Maxim Consulting, A.D. Maxim Seminars**, and The **National Coding Center**, in Troy, Mich. Rather than jumping right in and asking "Are you depressed?," use a lead in statement, such as "Now, let's talk about how your mood is lately. You know, sometimes things can make us feel 'down' and we want to help you with this, if it might be a concern," Maxim suggests. This easing into administering the PHQ-2© or other appropriate depression screening tool can yield more accurate results.

Clinicians do not need to be psychiatrically trained clinicians to appropriately and accurately complete the PHQ-2© assessment tool, Jump says. The two-question screening tool in M1730 is straightforward and easy to administer in most cases. The screening tool simply asks the client about frequency in experiencing little interest or pleasure in doing things and in feeling down, depressed or hopeless.

Try orienting the patient to this question by first asking them what kinds of activities they like to do, suggests Selman-Holman. They may respond, for example, with knitting, gardening, and watching football. After they've identified what they like to do, then ask them if they've experienced little interest or pleasure in doing those things. This approach will assist them to understand the intent of the question rather than just reading the question to them, she says.

Tip: You may want to print the PHQ-2© in a large font on an index card so that the patient can read and see for

themselves the screening questions, Selman-Holman says.

OASIS item M1730 asks whether the clinician screened the client for depression using a standardized tool. "While screening for depression is not required, most clinicians would agree that it is a best practice because of the significant role depression may plan in the client's recovery process and perhaps compliance level," Jump says.

Consider Your M1730 Options

Before you begin to complete M1730, you'll need to determine which screening tool you will use. While the PHQ-2© is appropriate for many home health patients, you'll need to consider other standardized tools for patients with conditions such as dementia. The standardized tool you use must be appropriate for your patient based on any cognitive or communication deficits.

If you determine that the PHQ-2© is the right screening tool for your patient, remember that only the client should answer the questions not a family member or others, Jump says. The PHQ-2© tool is a standardized, validated screening tool in which the client is the source of report.

Caution: The PHQ-2© is not an observation tool, Selman-Holman says. The patient must be asked the questions.

Select response "0 No" if you did not conduct a standardized depression screening. Remember, a standardized depression screening tool must have been scientifically tested on a population with characteristics similar to your patient and must include a standardized response scale.

Tip: "Lots of folks do not realize that after determining that the screening tool is appropriate for the patient, you may have to answer '0 No' if the patient refuses to answer," for example if she regards the questions as being too personal, Selman-Holman says. (Look to the January 2013 OASIS Q&As for more on this.)

Select response "1 Yes" if you complete the PHQ-2©. Then, check the appropriate responses in rows a and b to indicate how frequently over the past two weeks your patient has felt little interest or pleasure in doing things or experienced feeling down, depressed or hopeless. If your patient scores three or more points on the PHQ-2©, they should receive further depression screening.

Select response "1 Yes N/A Unable to respond" if, after determining the PHQ-2© is an appropriate tool, your patient declines or is unable to answer the questions. For example, he isn't able to say how many days he experienced feelings of depression.

Select response "2" if you screen the patient with another standardized assessment tool and the patient scores as needing further evaluation.

Select response "3" if you screen the patient with another standardized assessment tool and the patient shows no need for further evaluation.

Best practice: One major hurdle to accurate M1730 scoring is that some clinicians are not comfortable discussing mental health issues with patients, Maxim says. "When agency managers take the time to teach the clinicians just how to get through the information in a professional and compassionate manner, there is a much greater improvement in resulting information."