



2024 PREV-12

Depression Screening and Follow Up

Depression Screening and Follow Up (PREV-12)

Depression



Depression is characterized by the presence of feelings of sadness, emptiness, or irritability, accompanied by bodily and cognitive changes lasting at least 2 weeks that significantly affect the individual's capacity to function.



In 2019, 2.8% of adults experienced severe symptoms of depression, 4.2% experienced moderate symptoms, and 11.5% experienced mild symptoms



Adolescent-onset depression increases the risk of attempted suicide. Most adolescents who commit suicide, the third leading cause of death among 15–24 year-olds, have a history of depression.



Primary care physicians typically overlook 30% to 50% of patients with depression during routine care, often missing other prevalent mental health conditions as well. Yet, the inclusion of positive screening results in patient charts significantly increases the likelihood, by more than threefold, that doctors will identify mental illness symptoms and intend to address mental health issues with their patients.

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Measure Description

Percentage of patients aged 12 years and older screened for depression during the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool in the current performance year and if positive, a follow-up plan documented on the date of or two days after the date of the eligible encounter in the current performance year

Intent: The intent of the measure is to screen for depression in patients **who have never had a diagnosis of depression or bipolar disorder** prior to the eligible encounter.



Patients 12 years of age and older



Screened for depression in the current performance year and if positive, have a follow up plan documented within 2 days of the eligible encounter

Measure Steward: CMS Web Interface

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Exclusions

Required Exclusions

- Patients who have been **diagnosed with depression**
- Patients who have been **diagnosed with bipolar disorder**
- Patients who are in **hospice** or using **palliative care services** during the current performance year
- Patients who **pass away** during the current performance year

Denominator Exceptions

Patient refuses to participate during the current performance year

Documentation of **medical reason for not screening patient for depression** (e.g., cognitive, functional, or motivational limitations that may impact accuracy of results; 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) in the current performance year



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Best Practices and Documentation



- **Depression screening** can be performed before the office visit (no more than 14 days prior) but **must be reviewed and documented in the medical record on the date of visit**
- Documented **follow-up for a positive depression screening** must include one or more of the following:
 - Referral to a provider for additional evaluation and assessment to formulate a follow-up plan for a positive depression screen
 - Pharmacological interventions
 - Other interventions or follow-up for the diagnosis or treatment of depression
- It is recommended that **both a score and clinician interpretation of the score is documented**, especially when a patient screens positive. At a minimum, the medical record must contain documentation of the **tool's name and results of the screening with a score OR clinician interpretation of positive or negative** for depression. Each standardized screening tool provides guidance on whether a particular score is considered positive for depression.
- The patient only has to be **screened once during the current performance year**
- Screening for depression may be completed during a **telehealth encounter**.

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Other Quality Measures Tied to PREV-2

CAHPS: Care Coordination

Care Coordination (CC):

Did you personal doctor:

- Have your medical records or other information about your care?
- Follow up to give you test results as soon as you needed them?
- Talk with you about all the prescription medications you were taking?
- Manage your care among different providers and services?
- Seem informed and up-to-date about the care you received from specialists?

CAHPS: Access to Care

Getting Needed Care (GNC):

- How easy was it to get care, tests or treatment you needed?
- How easy was it to get appointments with specialists?
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Getting Appointments and Care Quickly (GCQ):

- How often were you able to get care as soon as you needed?
- How often were you able to get appointments for routine care at a doctor's office as soon as you needed?
- How often were you able to see the person you came to see within 15 minutes of your appointment time?

