Thank You, CMS, for Your Leadership!

Beginning January 1, 2010, the Centers for Medicare & Medicaid Services (CMS) increased the focus on depression screening and care planning for older adults receiving home health care services. With this revision, Medicare-certified home care agencies are required to complete two new depression-related items included in the Outcome and Assessment Information Set (OASIS-C). These home health care agencies are mandated by CMS to periodically collect OASIS data when evaluating all adult, nonpregnant patients as part of a comprehensive assessment. The decision to increase the focus on depression screening and care planning for suspected depression cases follows several studies documenting the prevalence (Bruce et al., 2002), underrecognition (Brown et al., 2004; Brown, McAvay, Raue, Moses, & Bruce, 2003; Bruce et al., 2002), and inadequate treatment (Bruce et al., 2002) of depression in older adult home care patients. These additional OASIS-C items are a necessary first step to improve depression care for home health care recipients.

Our research group (Bruce et al., 2002) found that 13.5% of older adults starting skilled home health care services have major depression. The consequences of failure to adequately treat depression are well documented. Depression is associated with emotional suffering, increases in health expenditures, morbidity, higher risk of suicide, and mortality from other causes. Despite expert recommendations and increased availability of a range of depression treatment options, depression remains a significant public health problem for older adults across all health care settings (Charney et al., 2003).

The new OASIS-C depression screening item provides flexibility in regard to the approach used for depression screening. The Patient Health Questionnaire-2 (Kroenke, Spitzer, & Williams, 2003) is a specific alternative provided, but other standardized approaches are accepted. However, the effective implementation of this new screening item will require agency support and complementary training. For example, our research and that of others has demonstrated that nurses often do not directly inquire about symptoms of depression but may depend on their observations (Brown, Raue, Roos, Sheeran, & Bruce, 2010; Bruce et al., 2007). When depression is identified (i.e., positive screens), further evaluation is needed, requiring the availability of either a primary care provider with expertise in managing depression or a mental health care provider. The home health care setting lacks a formal mental health care delivery system and often lacks mental health experts and community links, making referrals for evaluations often problematic. Additionally, our research has demonstrated that communication of depression-related assessment information by the home health care nurse to the patient’s primary care physician is often challenging (Brown, Raue, Roos, et al., 2010; Brown, Raue, Schulberg, & Bruce, 2006). We found that both physicians and home care nurses perceive nurses’ lack of competence to communicate depression-related information as a barrier to depression care (Brown et al., 2006); however, a structured communication approach may improve communication of depression-related information in this setting (Brown, Raue, Klimstra, et al., 2010).

The other new OASIS-C depression item queries whether patients with suspected depression symptoms or a diagnosis have a physician-ordered plan of care that includes interventions such as medication, referral for other treatment, or a monitoring plan for current treatment. Little research has been conducted on feasible approaches for depression treatment in the home care setting. Antidepressant treatment for home care patients is most often initiated and managed by the primary care provider. Counseling and therapy may be unavailable or inaccessible for homebound disabled older adults with limited transportation and financial resources. It is also unclear whether a plan for monitoring depression symptoms can be implemented effectively in the home health care setting.

One study currently underway and funded by the National Institute of Mental Health (R01 MH082425) will evaluate the effectiveness of a home care nursing intervention to improve depression care and management. The study includes an evaluation of the cost and benefits of the intervention. The project, led by co-author Martha L. Bruce, PhD, MPH, is being conducted with five home health care agencies serving five different regions of the country.

The Minimum Data Set 3.0 now includes the 9-item Patient Health Questionnaire (PHQ-9) depression severity measure (Kroenke, Spitzer, & Williams, 2001). Detection of depression in individuals with moderate to severe dementia is often complicated by the person’s inability to provide reliable information (Brown, Raue, & Halpert, 2007). Therefore, if residents are perceived as not reliable to provide depression symptom information, an informant is to be used in completing the PHQ-9. As researchers interested in improving depression care for older adults across settings, we welcome these changes while understanding that these new depression

Copyright © SLACK Incorporated
assessment items will require training and ongoing agency support to be successfully implemented.

REFERENCES


Elen L. Brown, EdD, MS, RN
Associate Professor of Nursing
College of Nursing and Health Sciences
Florida International University
Miami, Florida

Martha L. Bruce, PhD, MPH
Professor of Sociology in Psychiatry
Weill Cornell Medical College
White Plains, New York

The authors disclose that they have no significant financial interests in any product or class of products discussed directly or indirectly in this activity. The study topics discussed in this editorial were supported by grants from the National Institute of Mental Health: K01 MH066942, R03 MH063113, R01 MH056483, R24 MH064608, and R01 MH082425.

doi:10.3928/19404921-20110303-02