

Expert Teams – Depression

Case-Based Learning & Mentorship

Friday, February 11, 2022

Facilitator: Kelly M. Mayo, ESRD National Coordinating Center



Meeting Logistics

- Call is being recorded and will be posted to www.esrdncc.org
- Lines will be open for all high performing organizations
 - Please stay on mute unless you are speaking
 - Do not place the call on “hold”
- Everyone is encouraged to use the video and chat features



Meeting Guidelines



INTRODUCE YOURSELF
BEFORE SPEAKING



KEEP PATIENT-SPECIFIC
INFORMATION
CONFIDENTIAL



BE WILLING TO SHARE
SUCCESSSES AND
DIFFICULTIES



BE OPEN TO FEEDBACK



ASK THE DIFFICULT
QUESTIONS



RESPECT OTHERS



USE "...AND" STATEMENTS



KEEP TO TIME LIMITS

Introductions

- Meeting Focus – Depression
- Guest Expert –
 - Daniel Cukor, PhD, The Rogosin Institute (NY)
- High Performing Organizations
- ESRD Networks
- Centers for Medicare & Medicaid Services (CMS)



What are Expert Teams?

- A group made up of individuals from different high performing organizations, each with their own deep experience and knowledge
- Help others learn faster by sharing what worked (and what didn't work) in their organization
- Bring the best possible solutions to the table
- Continually learn and improve

Depression

- Increase the percentage of patients screened for depression
- Increase the percentage of patients identified with depression that have received treatment by a mental health professional

Questions to Run On



How Might We ...

- Improve depression screening and patient reporting of mental health symptoms?
- Improve patient access to treatment for depression?
- Communicate differently to reduce the stigma of depression?

Presentation by Guest Expert

Felicia Speed, PhD, LMSW

Vice President of Social Work Services

Fresenius Medical Care



DEPRESSION SYMPTOMS AND ESRD PATIENTS

*Felicia Speed, PhD, LMSW
VP of Social Work Services
Fresenius Medical Care*

OBJECTIVES

- Understand prevalence in ESRD population
- Recognize depression symptoms in ESRD patients
- Link depression symptoms with ESRD quality outcomes
- Review interventions for patients with depression symptoms

“How are you?”

Broken. Useless. Alone. Clueless.
Confused. Betrayed. Fragile. On the verge
of tears. Depressed. Anxious. About to
break down. Ready to give up. Pathetic.
Annoying. I'm just a burden. Distant.
Lonely. Bitter. Heartbroken. Lonely.
Rejected. Crushed. I feel like I'm going to
just fall apart at any moment. Empty.
Defeated. Never good enough.

Fine.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) identifies the following as signs/symptoms of possible depression:

- Feeling sad, blue, down in the dumps, irritability
- Loss of interest in usually enjoyable activities
- Change in weight or appetite
- Sleeping too little or too much
- Restless or decreased activity
- Difficulty with concentration-unable to remember things
- Loss of energy, constant fatigue
- Feelings of worthlessness or guilt
- Thoughts of death or suicide



this is what

Sad

looks like



this is what

depressed

looks like

Learn the difference.

DEPRESSION MEANS MORE THAN “SAD”

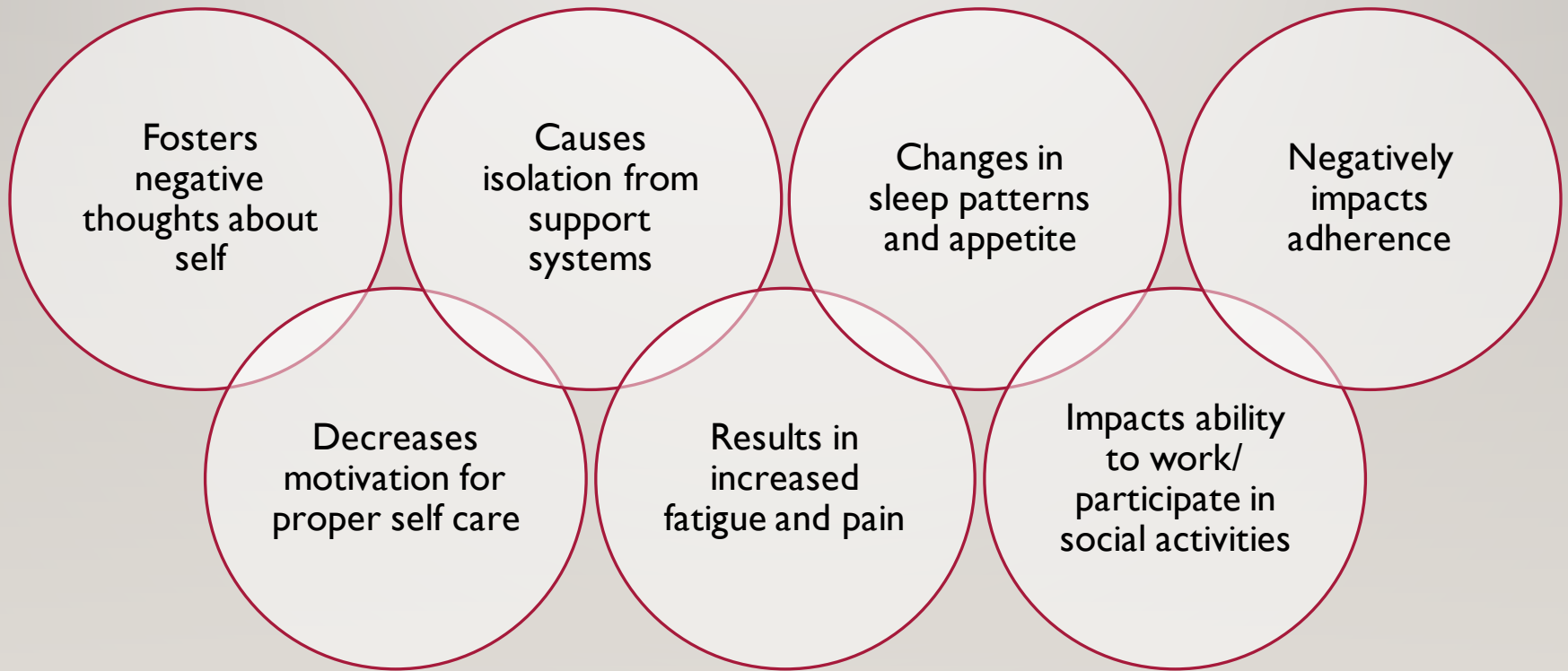
Sad Mood

- I feel down today
- I don't feel like myself; I need time to get used to all this
- I hope things get better
- I feel tired

Depression

- I feel down most days
- I don't like who I am now; I feel like I'm no good to anybody
- I don't care about things that I used to
- I just don't want to do anything or go anywhere

IMPACT OF DEPRESSION ON PATIENTS



IDENTIFYING DEPRESSION

A diagnosis can only be made by a physician, psychiatrist or trained mental health professional in the community

- Patient or family report
- Staff or MD report
- Depression diagnosis or history
- KDQOL-36
- PHQ-2 and PHQ-9
- CES-D 10
- Geriatric Depression Mood Scale

COGNITIVE-BEHAVIORAL APPROACH

Cognitive Approach

- focuses on the individual's thoughts and beliefs and how they influence mood and actions
- aim is to change thoughts to be more adaptive and healthy.

Behavioral Approach

- focuses on the individual's actions and aims to change unhealthy behavior patterns.



COURAGE

Doesn't Always ROAR.

Sometimes courage is that quiet voice
at the end of the day saying

"I will try again tomorrow."

REFERENCES

1. JAM Soc. Neph 2005;16(3)774-81
2. Nephrol. Dial. Transplant. (2000) 15 (12): 1911-1913. doi: 10.1093/ndt/15.12.1911
3. CJASN May 2006 vol. 1 no. 3 349-352
4. K Shukha - Nephrol Open J, 2014 - openventio.org
5. Thrive with Ultra Care Social Work Intensive
6. DSM-V



Q&As – 5 Minutes



Case Study Presentation

Guadalupe Martinez, MSW

Renal Social Worker

Arrowhead Regional Medical Center





DEPRESSION AWARENESS CASE PRESENTATION: MS. FRIDA



Guadalupe Martinez, MSW, Renal Social Worker
Arrowhead Regional Medical Center

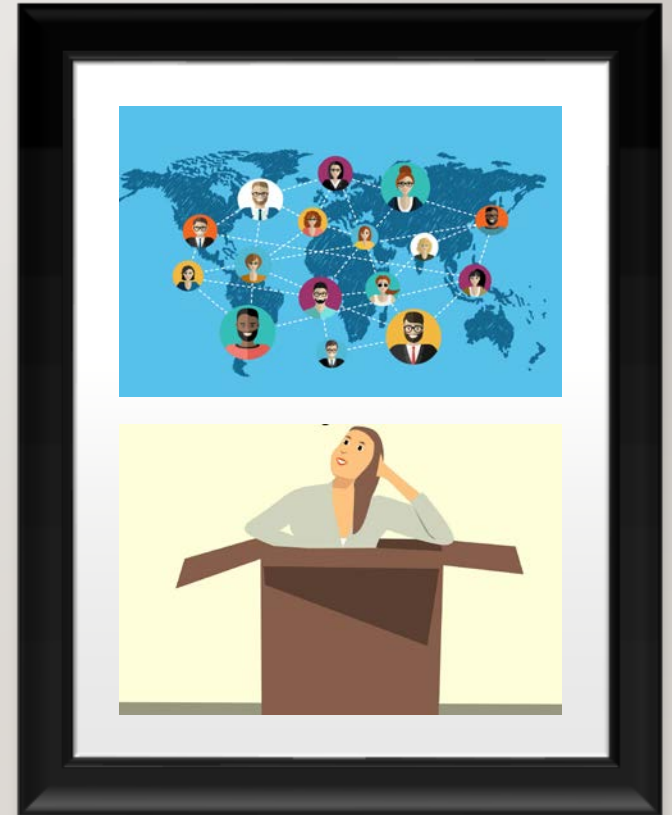
ARMC BACKGROUND

- 456 bed County operated hospital.
- Services include:
 - Burn Center
 - Primary Stroke Center
 - Level II Trauma Center
 - Behavioral Health
 - Primary Care Clinics (6)



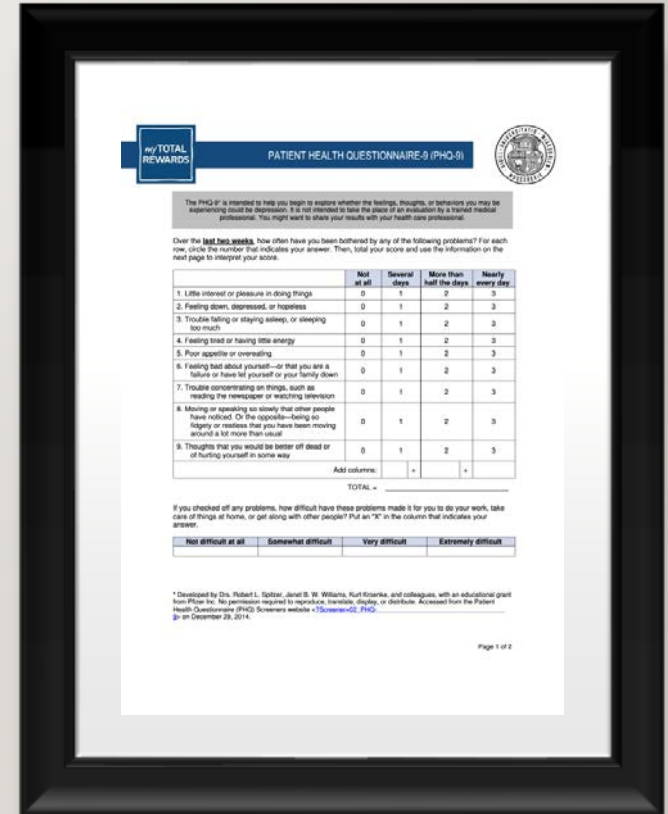
REALITIES OF COUNTY HOSPITALS

- ARMC does not have an abundance of resources: motel vouchers, rooms and boards, homeless shelters, clothing, etc.;
- Many resources are obtained by networking with various community partners/providers.
- Thinking outside the box. Case by case.



WAYS ARMC CLINIC CAPTURES DEPRESSION

- ARMC uses PHQ-9 screening tool to assess for depression as needed (monthly or weekly).
- SW provides in-services to all staff educating about common red flags to look for when speaking with patient/family.
- Teamwork: collaborative efforts addressed by nephrology team if a patient reports a problem the whole team involved in solving the problem.
Ex: Spies



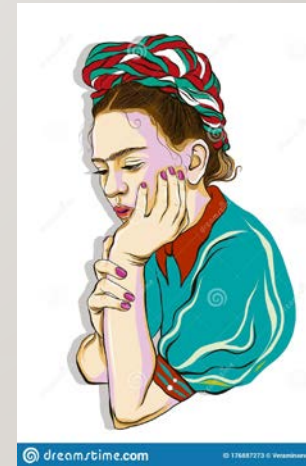
SUCCESS STORY: MS. FRIDA



- 35 yr. old Hispanic female, married, 3 young children
- Started dialysis from undetected Lupus
- Always compliant with dialysis treatments despite various obstacles during her 8 years of treatment.
- Undocumented but was able to learn English and obtain a part time job and generate income for her family.
- Presented well, drove self to dialysis and proactive in her care.

CHALLENGES FOR MS. FRIDA

- After ESRD diagnosis started having issues with her spouse: jealousy, loss of wages, etc.
- Ms. Frida abused physically and emotionally by spouse
- Requested medication from nephrology due to sleep problems and anxiety
- Nephrologist noticed there was more to it and inquired discovered domestic violence in the home.
- SW became involved CPS, APS, Police involved
- Ms. Frida left abusive relationship moved in with sister as a single mom



PLANTING THE SEED

- During nephrology rounds kidney transplant discussed
- Ms. Frida proactive spoke with SW referral with Loma Linda Transplant initiated
- Due to legal status Ms. Frida rejected by Loma Linda Transplant Center
- Again, during nephrology rounds nephrologist encouraged Ms. Frida to consider referral in other counties: UCI
- Regarding legal status nephrologist offered to write letters towards legalization



CLIMBING THE MOUNTAIN

- 2019 Ms. Frida legalization approved, and she obtained her green card
- 2020 Ms. Frida started referral process with Loma Linda Transplant and active within months but expanded referrals to other counties and out of state
- October 16, 2021, Ms. Frida received a call from UC San Diego for kidney transplant.



LIGHT AT THE END OF THE TUNNEL

- Ms. Frida always had a positive outlook on life no matter despite the challenges
- Ms. Frida connected with her Christian faith-based
- Ms. Frida attended dialysis support groups prior to COVID
- That same year 2 other dialysis patients received kidney transplant within months and days! 😊



QUESTIONS?
¿PREGUNTAS?



Q&As – 5 Minutes



Questions to Run On -- Revisited

How Might We ...

- Improve depression screening and patient reporting of mental health symptoms?
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- Communicate differently to reduce the stigma of depression?

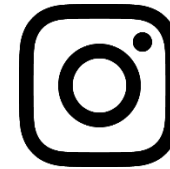
Recap & Next Steps

- Top take-aways
- I like, I wish, I will
- Additional pathways for learning
- Event evaluation

Social Media



ESRD National Coordinating Center



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Expert Teams – Case-Based Learning & Mentorship

Thank You

Kelly M. Mayo
kmayo@hsag.com
813-865-3552

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