

# OKR 1 | Depression

*Learning and Action Network (LAN)*

September 12, 2023

Facilitator: Sara Eve Schaeffer, MBA, MA, RD

ESRD National Coordinating Center



# Meeting Logistics

Starting September 12, 2023 LANs are shortened to 30 minutes. Please provide your feedback in the post-event survey.



Call is being recorded



All participants are muted upon joining the call

We want to hear from you.

Type questions and comments in the “Chat” section, located in the bottom-right hand corner of your screen.



Meeting materials will be posted to the ESRD NCC website

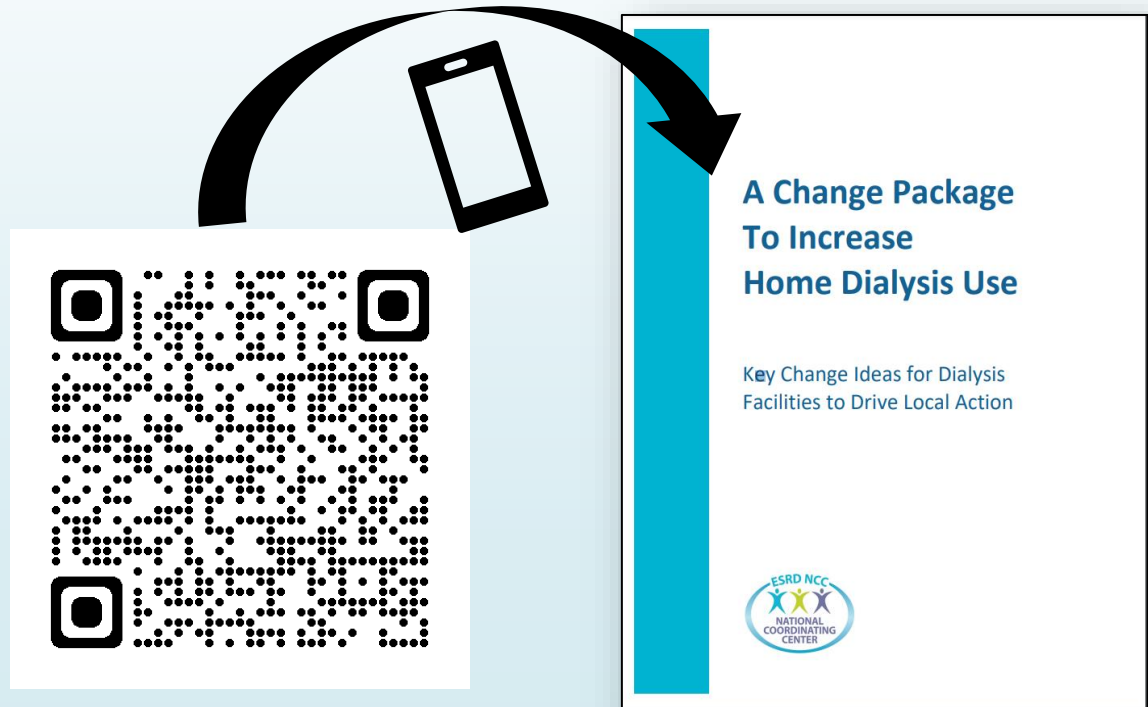
# Ways to Spread Best Practices from Today's LAN

- Share your approaches and experiences via chat
- Identify how today's information could be used at your facility
- Apply at least one idea from today's LAN at your facility
- Commit to sharing your learnings and ideas with other colleagues

Learning and Action Networks (LANs) bring people together around a shared idea, opportunity, or challenge to offer and request information and experiences to improve the identified topic of discussion.

# Polling Question #1

Have you previously used best practices from the change packages to improve your clinical outcomes?



# Presentations – ESRD Networks 13 & 15





*ESRD Networks 7, 13, 15, 17, 18*

# ESRD Networks 13 & 15 Behavioral Health LAN

September 12, 2023

Lucille Fernandez & Justin Carr

# Engaging in the Treatment of Patients Identified as Having Signs of Depression

ESRD Network 15

# Overview



- Discuss the CMS goal
- Discuss perceived barriers
- Discuss how the Network is addressing barriers



# Behavioral Health Goal

- Increase patients getting treated for depression



# Barriers

- Patient engagement barriers
- Provider barriers (e.g., lack of providers)
- Insurance barriers (e.g., IP not accepted)



# Network Intervention-

## Step 1: Assessment

- Network queried facilities
- Patient barriers reported belay staff burnout
- This qualitative data is underpinned by issues with the quantitative data



# Network Intervention-

## Step 2: Resource Development

The Network needed an intervention that:

- Re-engaged both patients and staff
- Was flexible enough to support various paths to treatment
- Supported the goal of getting patients treated

# Network Intervention-

## Step 3: Resource Creation and Dissemination

Patient: \_\_\_\_\_  
 Dialysis Facility: \_\_\_\_\_

Dear Dr. \_\_\_\_\_,

Our shared patient \_\_\_\_\_, DOB: \_\_\_\_\_, screened positive for depression using the Patient Health Questionnaire-9 (PHQ-9) on (date) \_\_\_\_\_. I'm reaching out to request additional assessment and follow-up at your office. If the patient does not have an appointment already, we would appreciate your office reaching out to the patient for scheduling or any other needs.

The patient's PHQ-9 score is \_\_\_\_\_. Please refer to the table below for score interpretation.

We have discussed this information and referral with the patient and have educated them on using their Medicare benefits to obtain mental health care. We have also included a list of provider codes that can be used if depression is addressed during your visit with the patient.

Please feel free to contact me with any questions or concerns at \_\_\_\_\_.  
 (email or phone #)

Thank you so much for your support in aiding our patient's wellbeing,

\_\_\_\_\_

PHQ-9 Score Reference Sheet

Total Score	Depression Severity
0-4	None
5-9	Mild
10-14	Moderate
15-19	Moderately Severe
20-27	Severe

List of Codes for Recording Depression Visits

ICD-10	Description
F06.30	Mood disorder due to known physiological condition, unspecified
F06.31	Mood disorder due to known physiological condition with depressive features
F06.32	Mood disorder due to known physiological condition with major depressive-like episode
F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F32.3	Major depressive disorder, single episode, severe with psychotic features
F32.4	Major depressive disorder, single episode, in partial remission
F32.5	Major depressive disorder, single episode, in full remission
F32.89	Other specified depressive episodes
F32.9	Major depressive disorder, single episode, unspecified
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent severe without psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission
F33.8	Other recurrent depressive disorders
F33.9	Major depressive disorder, recurrent, unspecified
F34.1	Dysthymic disorder
F34.81	Disruptive mood dysregulation disorder
F34.89	Other specified persistent mood disorders
F43.21	Adjustment disorder with depressed mood
F43.23	Adjustment disorder with mixed anxiety and depressed mood
F53.0	Postpartum depression

# Next Steps

- Continued follow-up and support for targeted facilities
- Collecting additional feedback on the usefulness of the resource
- Monitoring data reports



# Case Reviews: Response to Depression Project Resource

Lucille Fernandez

Network 13

# Overview

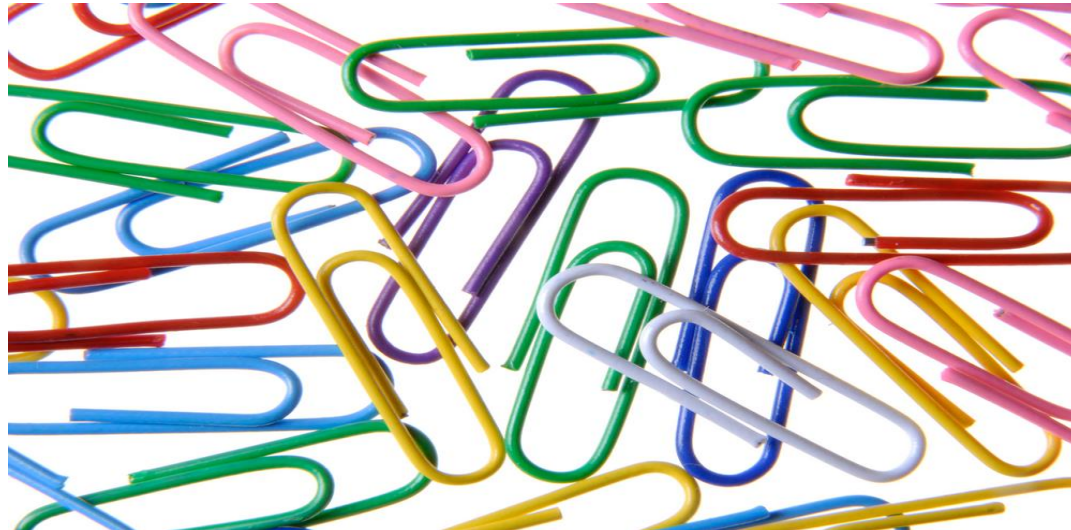
- Review Feedback
- Discuss Case Success
- Future Implications





# Feedback

- Clinic staff training needed
- Mental health stigma
- Spanish translation needed



# Cases Review- 1

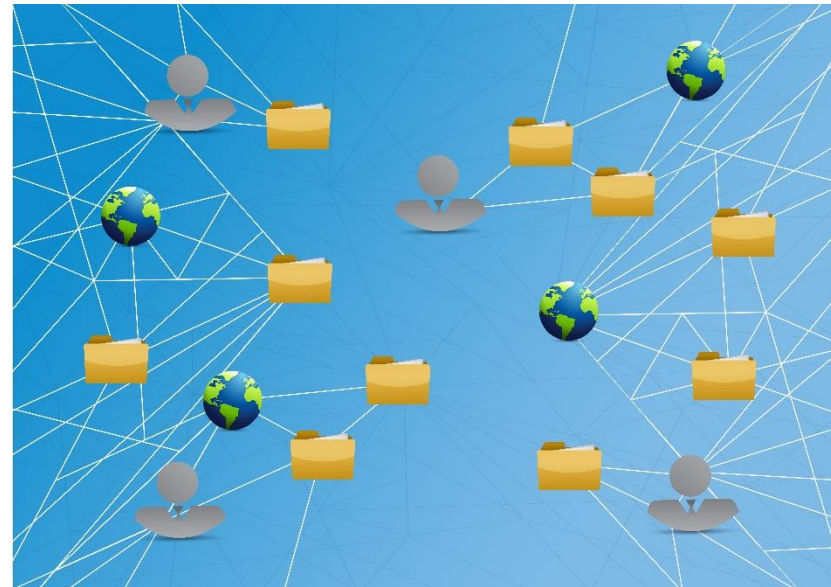
- Social Worker in Louisiana was able to refer 10 patients to their respective PCP for assessment and treatment
- As a result, the patients are in varying stages of being evaluated with their PCP

# Cases Review- 2

- Louisiana clinic reached out to discuss options for a patient that refuses mental health treatment
- Patient Services Manager was able to provide resource and technical assistance on next steps to refer treatment and potentially avoid IVD

# Additional Positive Outcomes

- Increased Clinic Outreach
  - Opportunities to avoid IVD's
  - Reduce stigma
  - Provide TA



# Future Work

- Opportunity to focus on health equity
- Communicate positively with clinics





*ESRD Networks 7, 13, 15, 17, 18*

Thank you!

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# Presentations – ESRD Network 14



# Screening and Depression Treatment

Network 14 Presenter  
Mariana Alvarado, LMSW



- Building Rapport
  - Personalizing care
- Addressing Stigma associated with Depression treatment
- Distress Thermometer to engage with patient
- Case Example
  - Spanish speaking client, reported having a hard time sleeping and shortness of breath.



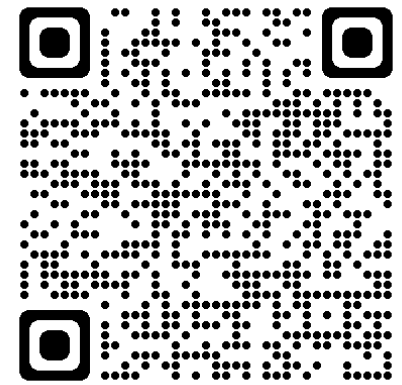
## Polling Question #2

Now that you have heard these presentations, what will you implement in the next 60 days?

## Moving from Learning to Action...

Share best practices from this presentation with your colleagues.

Use the ESRD NCC Changes Packages to improve patient outcomes and overall patient experience of care.



Change Packages

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# Thank you!

Please take a one moment to complete the post-call survey.

