HEDIS® Best Practice Guide

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)



Independence Blue Cross (IBX) offers best practice guides that provide key insights from the Healthcare Effectiveness Data and Information Set (HEDIS). Use this guide for best practices and tips to help treat your patients with depression.

Early identification and timely follow-up care can help improve outcomes for patients with depression

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)

The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression among adolescents ages 12 to 18 and the general adult population, including pregnant and postpartum individuals. This recommendation is based on the understanding that depression is a leading cause of disability and can lead to serious long-term health issues.

The DSF-E measure looks at the percentage of patients ages 12 and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care within 30 days of a positive depression screen finding.

- **Depression screening:** Screen patients using an age-appropriate, validated depression screening tool.
- **Follow-up care after a positive screen:** Provide and document follow-up care within 30 days of the patient's first positive depression screen. Follow-up care may include:
  - An office, telephone, e-visit, or telehealth follow-up visit for depression or another behavioral health condition.
  - A behavioral health service, such as assessment, therapy, collaborative care, or medication management.
  - A prescribed and dispensed antidepressant medication.
  - A same-day full-length depression screening that results in a negative screen after an initial positive brief screen.

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Best Practices and Tips

Screen annually	Screen patients ages 12 and older each year using an age-appropriate, validated depression screening tool listed on page 3.
Document results	Record the screening tool and results in the electronic medical record; document that follow-up care is coordinated within 30 days of a positive screen.
Educate patients	Explain that depression affects both mental and physical health and increases the risk for many chronic conditions;[1] emphasize the importance of follow-up care in managing overall health.[2]
Engage collaboratively	Use motivational interviewing and shared decision-making with patients to align care with their goals.[3]
Assess grief carefully	Acute grief can mimic depression symptoms. Grief is primarily characterized by yearning and sadness related to a specific loss, while depression is characterized by a persistent, depressed mood, loss of interest, and negative views of self that extend beyond the loss experience. Ensure monitoring through follow-up visits or referral to a behavioral health specialist.[4]
Initiate treatment	The American Psychological Association (APA) considers antidepressant medication and psychotherapy as evidence-based treatment for treating individuals with depression.[5] Pharmacotherapy and psychotherapy are evidence-based treatments for individuals with depression.[6]
Monitor progress	Schedule regular follow-up visits and adjust treatment as needed. If the patient does not show adequate response to treatment after 6 – 8 weeks, confirm adherence with psychotherapy sessions and consider alternative treatment options,[5] such as titration, augmentation, or change of antidepressant medication, and promotion of exercise in collaboration with the patient's behavioral health specialist.[7]
Support remission	Continue pharmacotherapy for at least 6 months after remission to help prevent relapse.[8]
Refer when needed	Consider behavioral health referral for diagnostic uncertainty, moderate symptoms, functional impairment, or when co-occurring psychiatric conditions are present.
Offer virtual care	Use telehealth or virtual follow-up visits to help address common barriers such as transportation and childcare.[9]
Leverage IBX resources	Connect patients to timely behavioral health care through IBX support programs: • **Connect to Care℠.** Access to in-network providers who support fast access to high-quality care. The Connect to Care directory can be accessed directly. • **Care Navigation.** Call 1-800-688-1911 for provider matching based on needs and preferences, benefit information, crisis support, and to facilitate access to follow-up care.

Eligible Depression Screening Instruments

Adolescent (≤ 17 years)

Depression Screening Instrument	Total Score LOINC* Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total Score ≥10
Patient Health Questionnaire modified for Teens (PHQ-9M)®	89204-2	Total Score ≥10
Patient Health Questionnaire (PHQ-2)® †	55758-7	Total Score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)® †,‡	89208-3	Total Score ≥8
Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)	89205-9	Total Score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total Score ≥10
PROMIS Depression	71965-8	Total Score (T Score) ≥60

Adults (18+ years)

Depression Screening Instrument	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total Score ≥10
Patient Health Questionnaire (PHQ-2)®†	55758-7	Total Score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)® †,‡	89208-3	Total Score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total Score ≥20
Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)	89205-9	Total Score ≥17
Duke Anxiety – Depression Scale (DUKE-AD)® ‡	90853-3	Total Score ≥30
Geriatric Depression Scale Short Form (GDS)†	48545-8	Total Score ≥5
Geriatric Depression Scale Long Form (GDS)	48544-1	Total Score ≥10
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total Score ≥10
My Mood Monitor (M-3)®	71777-7	Total Score ≥5
PROMIS Depression	71965-8	Total Score (T Score) ≥60
PROMIS Emotional Distress – Depression Short Form	77861-3	Total Score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total Score ≥31

* Logical Observation Identifiers Names and Codes (LOINC)
† Brief screening instrument. All others are full-length instruments
‡ Proprietary, there may be a cost or licensing requirement associated with use

Exclusions

Patients are excluded from this measure if they:

- Had claims reflecting a depression diagnosis in the year prior to the measurement year.
- Had claims indicating a history of bipolar disorder at any time through the end of the year prior to the measurement year.
- Received or elected hospice care during the measurement year.
- Died during the measurement year.

[1] About Mental Health | CDC
[2] Co-Occurring Disorders And Depression | Mental Health America
[3] 3 ways to better engage and link patients with mental health care | American Medical Association
[4] Supporting patients who are bereaved | PubMed Central
[5] APA Clinical Practice Guideline for the Treatment of Depression Across Three Age Cohorts
[6] Depression Guideline Summary | Lippincott Nursing Center
[7] Depression: Managing Resistance and Partial Response to Treatment | American Family Physician
[8] Management of Major Depression: Guidelines from VA/DoD | American Academy of Family Physicians
[9] Getting Mental Health Support Virtually | NIH

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