Quality of Patient Care Star Ratings Alert

This item is used in the calculation of the Star Ratings that is published on the Care Compare website. These Star Ratings are used by caregivers, payers, etc., to evaluate the level of quality care that your agency provides to your patients.

This item is also used for multiple other outcome measures for RISK ADJUSTMENT.

Tip: Educate staff on the importance of the Star Ratings and expectations the agency has for the level of rating that the agency wishes to attain. This item is used in calculating Improvement in Pain Interfering with Activity, Improvement in Management of Oral Medications, Improvement in Ambulation-Locomotion, Improvement in Bed Transferring, and Improvement in Bathing Measures.

Item by Item: Section D. Mood

This section contains items that address mood distress. The presence of indicators does not automatically mean that the patient has a diagnosis of depression or other mood disorder.

(D0150) (SRD) NEW ITEM 01/01/2023

—Patient Mood Interview (PHQ-2 to 9)

This item identifies the presence of signs and symptoms of mood distress, a serious condition that is underdiagnosed and undertreated in home health and is associated with significant morbidity. It is particularly important to identify signs and symptoms of mood distress among home health patients because these signs and symptoms can be treatable.

Explain the reason for the interview before beginning. Suggested language: “I am going to ask you some questions about your mood and feelings over the past 2 weeks. I will also ask about some common problems that are known to go along with feeling down. Some of the questions might seem personal, but everyone is asked to answer them. This will help us provide you with better care.”

• Explain and/or show the interview response choices. A cue card with the response choices clearly written in large print might help the patient comprehend the response choices.
• Ask the first two questions (D0150A D0150B) of the Patient Mood Interview (PHQ-2 to 9). “Over the last 2 weeks, have you been bothered by any of the following problems?”

• For each of the questions: Read the item as it is written.

• Do not provide definitions because the meaning must be based on the patient’s interpretation. For example, the patient defines for themself what “feeling down” means; the item should be scored based on the patient’s interpretation.

• Determine whether to complete the PHQ-9 (i.e., ask the remaining seven questions: D0150C to D0150I. Whether or not further evaluation of a patient’s mood is needed depends on the patient’s responses to the PHQ-2 (D0150A and D0150B). If both D0150A2 and D0150B2 are less than 2 there is no need to continue to the PHQ-9. End the PHQ-2 and enter the total score from D0150A2 and D0150B2 in D0160 – Total Severity Score.

• If both D0150A2 and D0150B2 are blank, then end the PHQ-2 and skip D0160.

• If either D0150A2 or D0150B2 are 2 or 3, then you must complete the PHQ-9. Proceed to ask the remaining seven questions (D0150C to D0150I) of the PHQ-9 and complete D0160 – Total Severity Score.

(D0160) (SRD) NEW ITEM 1/1/2023

—Total Severity Score – Add scores for all frequency responses in Column 2

• This item identifies the severity score calculated from responses to the PHQ-2 to 9, item D0150.

• The score does not diagnose a mood disorder or depression but provides a standard score which can be communicated to the patient’s physician, other clinicians and mental health specialists for appropriate follow up.

• The Total Severity Score is a summary of the frequency scores on the PHQ-2 to 9 that indicates the extent of potential depression symptoms.

• The assumption is that the EMR systems will score based on responses