



Expanding Medicare Coverage for Depression Screening



Depression screening can help

Background on Depression Among Older Adults

The aging population has been substantially increasing with approximately 56 million older adults living in the United States.¹ In fact, by the year 2030 Medicare enrollment is estimated to increase to 79 million driven largely by the increasing aging population.² Depression rates among older adults have been following this upward trend creating a major public health

“Depression manifests differently in older adults compared to younger adults, thus it is essential to routinely screen for depression otherwise it may go undetected or untreated.”⁵

Key Take-Aways:

- Older adults are at increased risk for depression; however, early screening could improve quality of life and reduce depression rates.
- Expanding Medicare Part C preventive services coverage for depression screening can be easily conducted at primary care visits.
- Detecting and treating depression is associated with lower healthcare costs, reduced suicide rates, better quality of life and health, and overcome time barriers that primary care providers face.

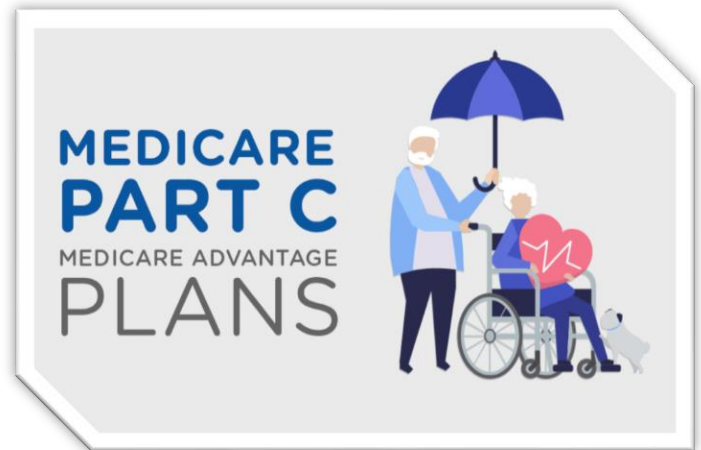
problem. An estimate of 8-20% of the U.S. older adult population is classified as having minor-depression and 4.7% having major depression, both detrimentally impacting quality of life.^{3,4} Demonstrated by robust evidence, several life transitioning factors place older adults at an increased risk of experiencing depression such as widowhood, physical illnesses, functional limitations, engagement in unhealthy lifestyle behaviors (i.e., smoking and alcohol), negative side effects from medication usage, inadequate sleep, and vulnerability to abuse.^{3,4,5} The COVID-19 pandemic has created a window of opportunity to address this issue and has further exacerbated depression rates because of an increase of older adults experiencing social isolation and loneliness, both considered major risk factors for depression.⁶ Despite having an elevated risk for depression, older adults are less likely to receive services, presumably one major factor is the lack of early screening. To avoid stigmatization, routinely screening for depression at primary healthcare visits

is a cost-effective way to improve the quality of life for older adults and is critical in preventing fatal consequences such as suicide.

Policy Recommendations

This policy brief suggests expanded coverage under Medicare Advantage Plan Part C for depression screening at primary healthcare visits for older adults. Medicare Advantage is regulated by Public Law 108-173.⁷ Under Title II, the implementation of the Medicare Advantage program is mandated. Furthermore, under Title VI subtitle B sections 611-614, Medicare offers coverage for preventative services such as physical examinations, blood tests, diabetes screening, and mammography. Expanding the preventative services offered by Medicare part C would be a cost-effective way to provide coverage for depression screening. Primary care physicians are given a substantial amount of autonomy in choosing to whether or not to screen for depression, and which assessment to implement is dependent upon the primary care site.⁸ More primary care physicians should choose to utilize assessments that are easy to implement such as short forms of the Geriatric Depression Scale (GDS) and the Patient-Health Questionnaire-9 (PHQ-9) which both have been shown to have strong validity and reliability.^{9,10} In 2011, the Center for Medicare and Medicaid Services (CMS) aimed to increase preventive care by implementing depression screening Medicare coverage under Part B as a component of annual wellness visits; however, it does not cover depression screening adequately. For example, in Florida, the annual wellness visit utilizes either the 701 A or B form. The reason these forms do not effectively or comprehensively assess depression can be attributed to the very limited number of questions aimed to assess for depression. Instead, these forms include a brief section that addresses mental health very broadly and does not cover the specific issues of depression that manifests differently in older adults. For example, feelings of sadness may not be the main depression symptom but instead older adults experience increased sleepiness, irritability, and attention problems.⁵ Although the U.S. Preventative Services Task Force (USPSTF) recommends to not

engage in selective screening,¹¹ and despite implementing the annual wellness visit assessment, evidence suggests that depression screening in primary care health settings is still limited.^{12,13,14} This may be attributed to several reasons such as time constraints or physical comorbidities masking depressive symptoms, resulting in depression being overlooked if not properly screened.^{15,16}



Policy Implications

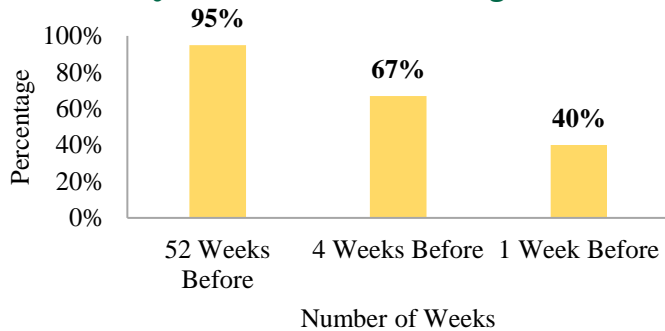
Improved screening for depression expected to yield:

- (1) Better healthcare utilization and savings
- (2) Prevention of suicide
- (3) Improved quality of life
- (4) Enhanced provider skills and efficiency

- Overall, individuals with untreated and undiagnosed depression overuse medical services.¹⁷ This financial stress proportionally increases with age and with poorer health outcomes associated with depression. Thus, early screening for depression would substantially reduce healthcare costs.
- Depression is a major risk factor and significant predictor for committing suicide. Studies have demonstrated that approximately 95% of older adults visited their primary health care provider 1 year before committing suicide,¹⁸ 67% visited their primary healthcare provider within the 4 weeks before committing suicide,¹⁸ and

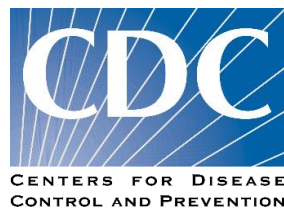
about 40% visited their primary healthcare provider the week before committing suicide.¹⁹

Percentage of Older Adults that Visit Primary Care Before Committing Suicide



- Depression is a cause of disability,²⁰ and is considered one of the leading causes of disability-adjusted life years.²¹ Evidence suggests that depression exacerbates chronic illnesses and is related to worse health due to physiological changes and increased risk for experiencing several chronic conditions including obesity, cardiovascular diseases, and engagement in unhealthy lifestyle behaviors such as smoking.^{20,22}
- Time pressures have been identified as the most common hurdle for lack of screening for depression. Implementing a simple and short survey could be an effective way to overcome this barrier.¹⁵ Primary care physicians could efficiently screen for depression by implementing a quick survey. Notably, to conduct a validated and reliable depression screening assessment, extensive clinical experience is not required.

Mounting support for expanded depression screening coverage includes: AARP, National Alliances on Mental Illnesses (NAMI), Centers for Disease Control (CDC), and the Department of Health and Human Services



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