AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

August 18, 2011

Donald Berwick, MD
Administrator
Centers for Medicare & Medicaid Services
Department of Health & Human Services
P.O. Box 8013
Baltimore, MD 21244–8013
Sent via email to CAGinquiries@cms.hhs.gov

Re: Proposed Decision Memo for Screening for Depression in Adults (CAG-00425N)

Dear Dr. Berwick:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 100,300 family physicians and medical students nationwide, I am writing to express our support for the Centers for Medicare & Medicaid Services (CMS) proposal to cover annual screening for depression for Medicare beneficiaries in primary care settings that have staff-assisted depression care supports in place to assure accurate diagnosis, effective treatment, and follow-up.

As noted in the CMS memo, the AAFP policy on screening for depression parallels precisely the current the U.S. Preventive Services Task Force (USPSTF) recommendations. We *recommend* screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up. The AAFP *recommends against* routinely screening adults for depression when staff-assisted depression care supports are not place. "Staff-assisted depression care supports" refers to clinical staff that assist the primary care clinician by providing some direct depression care and/or coordination, case management, or mental health treatment. There may be considerations that support screening for depression in an individual patient.

The AAFP recognizes that this proposed decision memo pertains to Medicare beneficiaries, yet this largely excludes adolescent and children populations. Nevertheless, the AAFP *recommends* screening of adolescents (12-18 years of age) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up. And we c*onclude that the current evidence is insufficient* to assess the balance of benefits and harms of screening of children (7-11 years of age).

The proposed decision memo suggests in several instances to primary care physicians referring identified patients to mental health clinicians, as if primary care physicians are not performing as mental health providers themselves. Primary care physicians often play an important role in treating some mental health cases too and thus their involvement in mental health extends beyond just screening and diagnosing. Per the AAFP's position paper on Mental Healthcare Services by Family Physicians, psychiatric professionals are an essential element of the total health care continuum, however the majority of patients with mental

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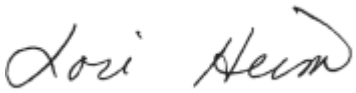
health issues will continue to access the healthcare system through primary care physicians. The desire of patients to receive treatment from their primary care physicians, or at least to have their primary care physicians more involved in their care, has been repeatedly documented. Improving mental health treatment requires enhancing the ability of the primary care physician to screen, treat and appropriately manage the psychiatric care given to patients.

Through residency training and continuing medical education, family physicians are prepared to manage mental health problems in children, adolescents, and adults. The continuity of care inherent in family medicine makes early recognition of problems possible. Because family physicians treat the whole family, they are often better able to recognize problems and provide interventions in the family system. Family physicians are also able to treat individuals who would not access traditional mental health services because of the social stigma associated with mental illness. CMS should promote telemedicine availability of mental health services, especially for areas with mental health professional shortages. While family physicians care for a variety of mental health conditions, we value being able to work cooperatively with other professionals, but this is challenging in many parts of the country and telemedicine would facilitate access for these patients.

We concur with CMS that the evidence is adequate to conclude that screening for depression in adults, which is recommended with a grade of B by the USPSTF, is reasonable and necessary for the prevention or early diagnosis of illness or disability, and is appropriate for individuals entitled to benefits under Part A or enrolled under Part B.

The AAFP looks forward to working further with CMS to assist in the creation of coding and billing rules needed to implement this new policy. We appreciate the opportunity to provide these comments and make ourselves available for any questions you might have or clarifications you might need. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,



Lori J. Heim, MD, FAAFP
Board Chair

CC: Louis Jacques, MD, CMS Director, Coverage and Analysis Group