Western New York Collaborative:
Identification and Management of Adult Depression in Primary Care

Assess Family History

**Common Symptoms**
- Aches and Pains
- Low Energy
- Apathy, Irritability, Anxiety, Sadness
- Sexual Complaints
- Disrupted Sleep Patterns
- Vague GI Symptoms
- Appetite Changes
- Social Avoidance
- Headaches

**Coexisting Conditions**
- Heart Disease
- Diabetes
- Cancer
- Catastrophic Illness
- Pregnancy/Postpartum
- Thyroid
- Obesity
- Substance Abuse
- Anxiety
- Chronic Medical/Psychiatric Conditions
- Marital Problems/Domestic Violence

**Suicide Risk Factors**
Does Your Patient Have The:
- Thoughts
- Plan
- Means
- Intent

To Harm Himself/Herself?

**Treatment Options**
- Send to Emergency Room
- Refer to Behavioral Health Specialist
- PCP Treatment
- Encourage Family / Support System
- Watchful Waiting

**Assessment and Identification**

**Chief Complaint**

2 Question Assessment
During the past month have you often been bothered by:
1. little interest or pleasure in doing things AND/OR
2. feeling down, depressed, or hopeless

**Screening Tool**
PHQ-9

**Evaluate Severity and**
Assess SUICIDE and/or HOMICIDE RISK

Implements CRISIS Options
- Call 911
- Contact Local Crisis Services
- Call Local Poison Control if Suspected Overdose
  800-222-1222

Feedback to Patient and Establish Diagnosis

No

Yes

Consider use of screening tool for diagnosis and to assess severity

Yes

No

Rule Out Other Disorders

Review Other Treatment Options

Select Treatment Options
When to Refer to a Mental Health Specialist

- Active Suicide Potential
- Psychotic Symptoms
- Lack of Response to Treatment
- Need for Psychotherapy/Counseling
- Substance Abuse
- Poor Adherence/Compliance
- Diagnostic Consultation (Treatment/Medication Management)
- Need for Hospitalization or Electroconvulsive Therapy (ECT)
- Recurrent or Chronic Depression
- Patient or Family Request
- Cultural Considerations

Resource Materials

PHQ-9 — Nine Symptom Checklist

Patient Name __________________________ Date __________________________

1. Over the last 2 weeks, how often have you been bothered by any of the following problems? Read each item carefully, and circle your response.

   a. Little interest or pleasure in doing things
      Not at all  Several days  More than half the days  Nearly every day

   b. Feeling down, depressed, or hopeless
      Not at all  Several days  More than half the days  Nearly every day

   c. Trouble falling asleep, staying asleep, or sleeping too much
      Not at all  Several days  More than half the days  Nearly every day

   d. Feeling tired or having little energy
      Not at all  Several days  More than half the days  Nearly every day

   e. Poor appetite or overeating
      Not at all  Several days  More than half the days  Nearly every day

   f. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down
      Not at all  Several days  More than half the days  Nearly every day

   g. Trouble concentrating on things such as reading the newspaper or watching television
      Not at all  Several days  More than half the days  Nearly every day

   h. Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual
      Not at all  Several days  More than half the days  Nearly every day

   i. Thinking that you would be better off dead or that you want to hurt yourself in some way
      Not at all  Several days  More than half the days  Nearly every day

2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

   Not Difficult at All  Somewhat Difficult  Very Difficult  Extremely Difficult

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# PHQ-9 — Scoring Tally Sheet

Patient Name ___________________________ Date ___________________________

1. Over the last 2 weeks, how often have you been bothered by any of the following problems? Read each item carefully, and circle your response.

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Trouble falling asleep, staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g. Trouble concentrating on things such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h. Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>i. Thinking that you would be better off dead or that you want to hurt yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>Not Difficult At All</th>
<th>Somewhat Difficult</th>
<th>Very Difficult</th>
<th>Extremely Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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How to Score PHQ-9

**Major Depressive Syndrome is suggested if:**
- Of the 9 items, 5 or more are circled as at least "More than half the days"
- Either item 1a or 1b is positive, that is, at least "More than half the days"

**Minor Depressive Syndrome is suggested if:**
- Of the 9 items, b, c, or d are circled as at least "More than half the days"
- Either item 1a or 1b is positive, that is, at least "More than half the days"

**Scoring Method For Planning And Monitoring Treatment**

**Question One**
- To score the first question, tally each response by the number value of each response:
  - Not at all = 0
  - Several days = 1
  - More than half the days = 2
  - Nearly every day = 3
- Add the numbers together to total the score.
- Interpret the score by using the guide listed below:

<table>
<thead>
<tr>
<th>Score</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤4</td>
<td>The score suggests the patient may not need depression treatment.</td>
</tr>
<tr>
<td>&gt; 5-14</td>
<td>Physician uses clinical judgment about treatment, based on patient’s duration of symptoms and functional impairment.</td>
</tr>
<tr>
<td>≥15</td>
<td>Warrants treatment for depression, using antidepressant, psychotherapy and/or a combination of treatment</td>
</tr>
</tbody>
</table>

**Question Two**
In question two the patient responses can be one of four: not difficult at all, somewhat difficult, very difficult, extremely difficult. The last two responses suggest that the patient's functionality is impaired. After treatment begins, the functional status is again measured to see if the patient is improving.
DEPRESSION MANAGEMENT PROGRAM OVERVIEW

PROGRAM PURPOSE:
The Depression Management Program (DMP) has been functioning since 1998. The primary focus of the program is to improve the quality of life for our members with depression (DSM-IV codes: 296.3, 296.3, 300.4 and 311) by advocating for the proper screening, diagnosis, treatment and management in the primary care setting, including the obstetric/gynecology providers. Health Plan Employer Data and Information Set (HEDIS) standards measure the effectiveness of this program. Improving the number of members that receive appropriate office follow-up after an antidepressant medication has been prescribed has been one of the main objectives of the treatment component of this program. Another aspect is to help improve medication adherence to the recommended length of therapy.

HOW ARE PARTICIPANTS IDENTIFIED?
- Members identified as having been placed on an oral antidepressant medication
- Members under the Medicaid LOB who have been hospitalized in an acute BH setting are offered CM services

MEMBER INTERVENTIONS:
1. HealthNow members receive a telephonic reminder from the plan re: f/u after acute inpatient hospitalization within 7 days of discharge.

2. HealthNow provides its members information of becoming eligible to participate as listed below:
   - Newsletter articles
   - Targeted Risk Avoidance Counseling calls with Health Coaching RN’s to assess for depression in the Asthma, Cardiac and Diabetes health management programs we manage
   - A program description with contact information is also included annually in a member newsletter.

3. Members are given the option to join or opt out of the depression program in all communications as listed above. Contact information is provided so members informing them that they can opt-out of the Depression Management Program by telephone, mail or through the web-site. Members remain eligible for the program once enrolled unless they choose to opt out or they dis-enroll from the plan. A list of all members who have chosen to opt out of the Depression Program is maintained and member requests are respected.
PRACTITIONER INTERVENTIONS:

- **Instructions on how to use the DM services**
  - Web-based Clinical Practice Guidelines
  - Web-based program descriptions
  - Hard copy material available on request
  - Practitioners correspondence re: member program enrollment
  - Practitioners are informed of program content at CME events

- **Information on how the program works with the practitioners patients in the program**
  - The plan confirms member adherence to follow up visits within 7 and 30 days of discharge from an acute BH In-patient admission.
  - New practitioners receive information on Disease Management programs and our website contents at their provider orientation.

HOW IS QUALITY MEASURED?

The effectiveness of HealthNow’s depression program is measured annually by:

1. A complete Annual Evaluation of the Depression program is reviewed by the Quality Improvement Committee.
2. Quantitative analysis is included
3. Population assessment is included
4. HealthNow NY Inc. measures program performance annually by HEDIS Follow-up after hospitalization for mental illness (FUH) and Antidepressant Medication management (AMM).

Outcome rates are evaluated for statistical improvement and are benchmarked against national and state benchmarks.

HOW CAN I RECEIVE ADDITIONAL INFORMATION REGARDING THE DEPRESSION PROGRAM FOR MY PATIENTS?

- Via the web in WNY,
- Via the web in NENY,
- Via the telephone in either market at 1-877-878-8785