

Evidence-Based Depression
Care:
How are we doing and how
can we do better?

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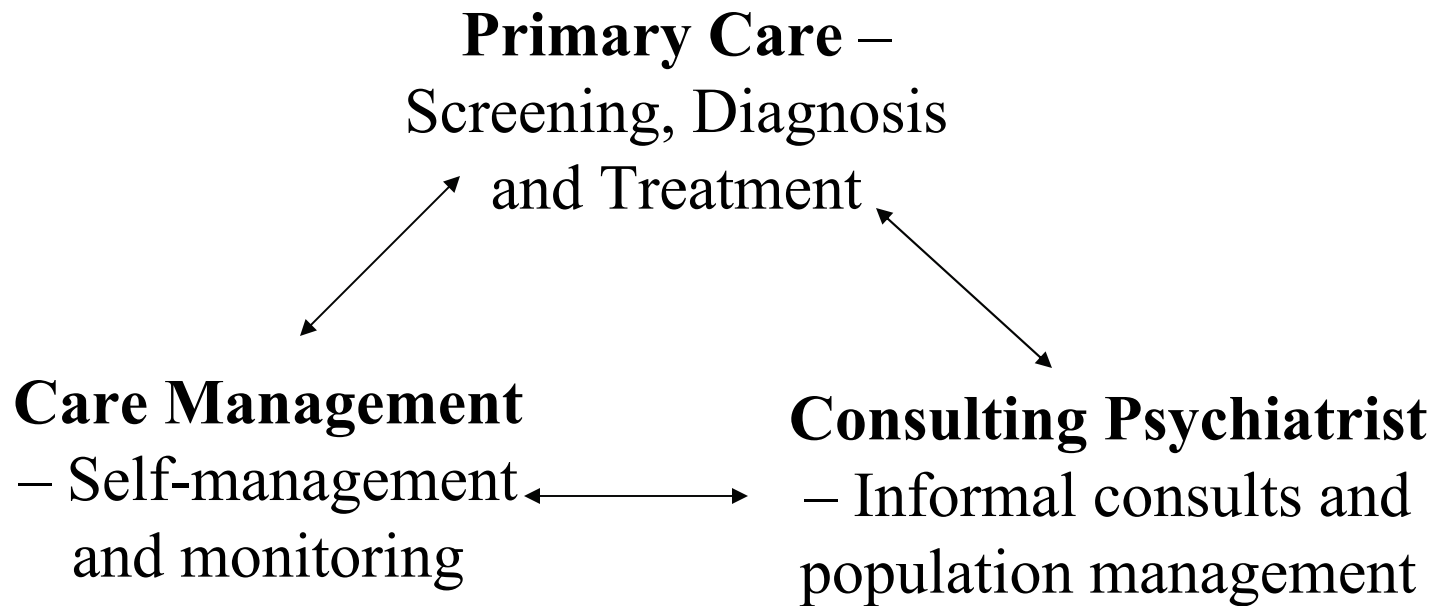
PRISM #8

May 14, 2009

Outline

- Description of evidence-based depression care
- How well are we delivering evidence-based care?
- Discussion of barriers and strategies to improve care for depression

Collaborative Care Model



Evidence for Collaborative Care

- Gilbody et al, Archives of Internal Medicine, 2006
 - Cumulative meta-analysis
 - Moderate effect size for improved depression outcomes with collaborative care model
 - There was adequate evidence by 2000 to support the benefit of collaborative care

Components of Collaborative Care

- Use of PHQ-9
- Registry of depression patients
- Self-management support
- Care management
- Involvement of psychiatry and other mental health professionals

PHQ-9

1. A validated tool for screening and diagnosing depression and for following response to treatment
2. Scoring parallels DSM-IV diagnosis for Major and Minor Depression
3. Can be administered in 'interview' style or completed by patient
4. Available in 38 languages including Spanish and French

How you can use the PHQ-9

- The first two questions are validated as a screen for depression.
- The PHQ is validated as a way to diagnose depression.
- The PHQ is also validated as a measure of response to treatment over time.

Screening for Depression:

Who do you screen?

- All adults at least every 5 years (as part of a health maintenance visit?)
- High risk groups every year
 - History of depression
 - Family history of depression or bipolar
 - Chronic illnesses such as diabetes, heart disease, pain problems
 - High utilizers of services
- People with complaints that suggest depression such as insomnia or fatigue.

Screening for Depression:

The **first two questions of the PHQ-9** have been validated as a sensitive way to screen for depression

- 96% of people with depression will say yes to one of those two questions.
- Consider an answer of '2' or '3' on either of those questions a positive screen.
- Administer the full PHQ-9 only to those who screen positive

Guideline for Using the PHQ-9 for Initial Management

Score/ Symptom Level	Treatment
0-4 No depression	Consider other diagnoses
5-9 Minimal	Consider other diagnoses If diagnosis is depression, watchful waiting is appropriate initial management
10-14 Mild	Consider watchful waiting If active treatment is needed, medication or psychotherapy is equally effective; consider function score in choosing treatment
15-19 Moderate	Active treatment with medication or psychotherapy is recommended Medication or psychotherapy is equally effective
20-27 Severe	Medication treatment is recommended For many people, psychotherapy is useful as an additional treatment People with severe symptoms often benefit from consultation with a psychiatrist

Options for Treatment

- Watchful waiting
 - A reasonable first choice for depression with minimal to mild symptoms, effective in about 1/3 of patients
- Pharmacotherapy
 - Most effective treatment for severe depression and dysthymia (chronic depression)
- Psychotherapy
 - Equally effective to pharmacotherapy for mild to moderate depression
 - Effective as an adjunct to pharmacotherapy for severe depression

What is Watchful Waiting?

- It is estimated that 1/3 of people with mild symptoms will recover without treatment.
- Watchful waiting means you are seeing the patient about once a month and monitoring their PHQ-9 score, but not starting active treatment.
- Self-care activities such as exercise or relaxation are usually a component of watchful waiting.
- If the patient's symptoms have not resolved after 2-3 months, active treatment ought to be considered.

Using the PHQ-9 for follow up

- **Once a month** until the patient reaches remission (score 0-4) or for the first 6 months of treatment
- **Every 3 months** after that while the patient is on active treatment
- **Once a year** for people with a history of depression who are no longer on active treatment

Interpreting Follow Up Scores

PHQ-9 - Change from last score, measured monthly	Treatment Response	Treatment Plan
Drop of 5 or more points each month	Good	Antidepressant &/or Psychotherapy No treatment change needed. Follow-up in 4 weeks.
Drop of 2-4 points each month	Fair	Antidepressant: May warrant an increase in dose.
		Psychotherapy: Probably no treatment change needed. Share PHQ-9 with psychotherapist.
Drop of 1 point, no change or increase each month	Poor	Antidepressant: Increase dose or augment or switch; informal or formal psychiatric consult; add psychotherapy.
		Psychotherapy: <ol style="list-style-type: none"> 1. If depression-specific psychotherapy discuss with supervising psychiatrist, consider adding antidepressant. 2. For patients satisfied in other psychotherapy consider adding antidepressant. 3. For patients dissatisfied in other psychotherapy, review treatment options and preferences.

Goals of Treatment

- Remission – score of 0-4 after an initial score of 10 or higher.
- Clinical response – score of less than 10 after an initial score of 10 or higher

Psychiatric Referral or Consult

May be needed when:

- Two medications have failed
- Bipolar disorder is suspected
- High risk of suicidality
- Questions about diagnosis
- Co-morbid psychiatric conditions that complicate treatment, such as PTSD or substance abuse

Self Management Support

1. Education of patient and family/friends about depression
2. Patient self-management with goal setting and action planning
3. Connecting patient with useful community resources

Education and Community Resources:

- It is important to provide information to people with depression and their families, and to help them connect with community organizations that can provide additional information and support.
- Patient handouts are available on the MaineHealth website:
 - www.mainehealth.org
 - Follow “For Healthcare Professionals” then to link to “Depression”
- MaineHealth Learning Resource Centers:
 - Offer written materials, videos and Living Well With Chronic Conditions class

Consumer Organizations

- National Alliance on Mental Illness (NAMI)
www.nami.org
–11 local chapters in Maine;
www.namimaine.org
- Depression Bipolar Support Alliance (DBSA) www.dbsalliance.org
–5 local chapters in Maine;
www.thewanderingmind.org

Both organizations provide support and education for people with mental health problems and their families.

Care Management for Depression

- Assess and facilitate adherence to treatment including medications, counseling and follow-up appointments with PCP.
- Support self-management activities.
- Provide guidance, not psychotherapy.
- Assess and monitor treatment response.
- Provide a key communication link between the patient and the practice.

Benefits of Care Management

- CM is proven to help decrease patients' symptoms of depression.
- Evidence of increased adherence to treatment.
- CM is cost-effective.
- Helps PCPs overcome the barrier of lack of time:
 - To set goals and develop action plans
 - To provide patient education
 - A TEAM APPROACH WORKS BEST!

Which patients should be referred for Care Management?

- **Patients scoring 15 or higher on the PHQ-9** are the group for whom there is the most evidence of the value of care management for improving outcomes.
- Others who might also benefit from Care Management include:
 - Patients scoring lower than 15 who choose watchful waiting as their treatment (see next slide for description of watchful waiting).
 - Patients who lack adequate family or social support.
 - Patients who need help affording medications or with referrals to mental health specialists.

Role of psychiatry and other mental health specialists

- Traditional – consultation and treatment
- Non-traditional (and currently non-reimbursable):
 - Informal consultation without face to face meeting with patient
 - Panel management

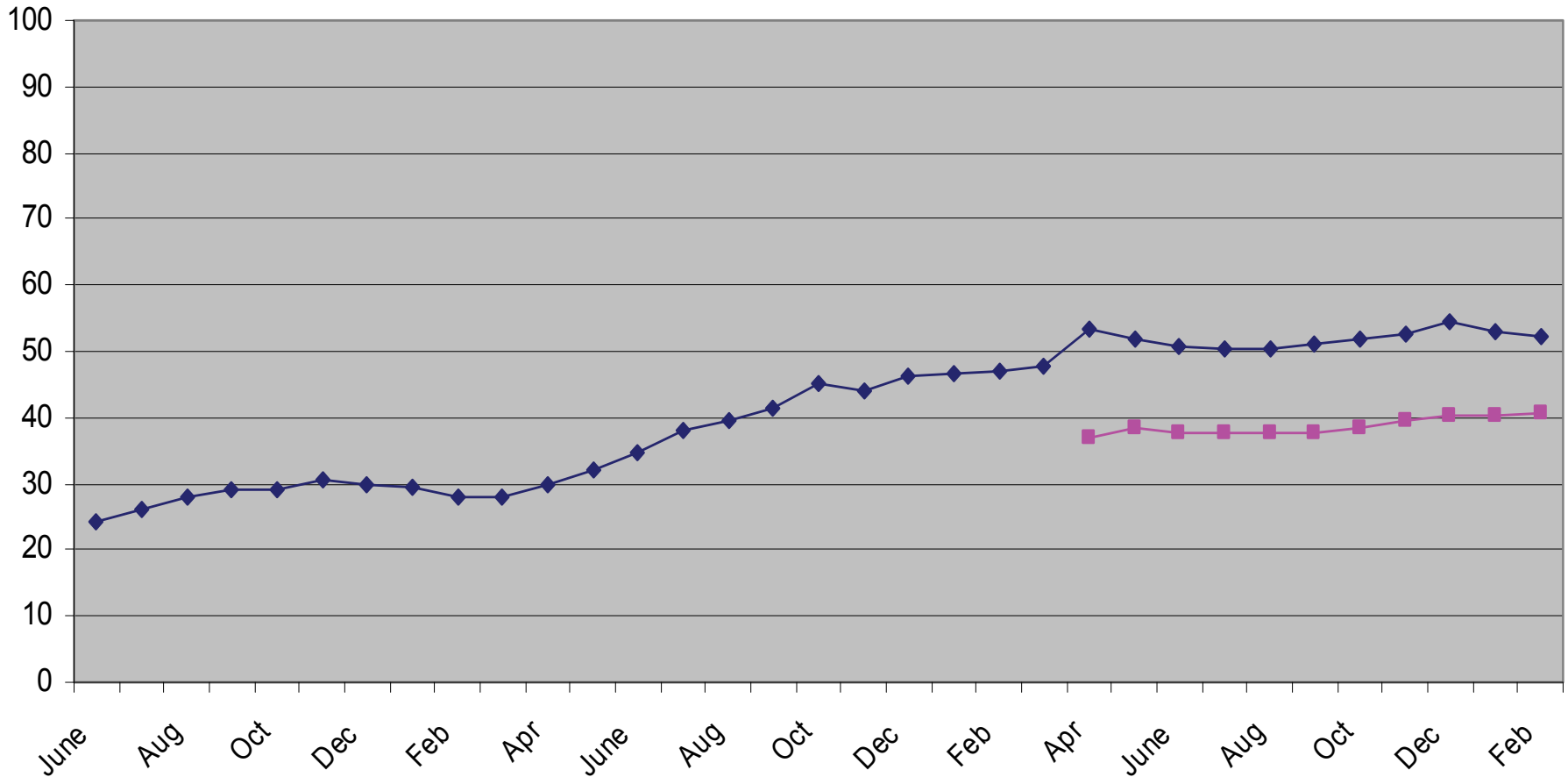
Both of these roles were proven effective as part of the collaborative care model.

Summary of Evidence-Based Care

- Use the PHQ-9 for screening, diagnosis and outcome assessment
- Track patients using a registry
- Incorporate self management support
- Refer appropriate patients for care management
- Involve psychiatry and other mental health specialists as needed

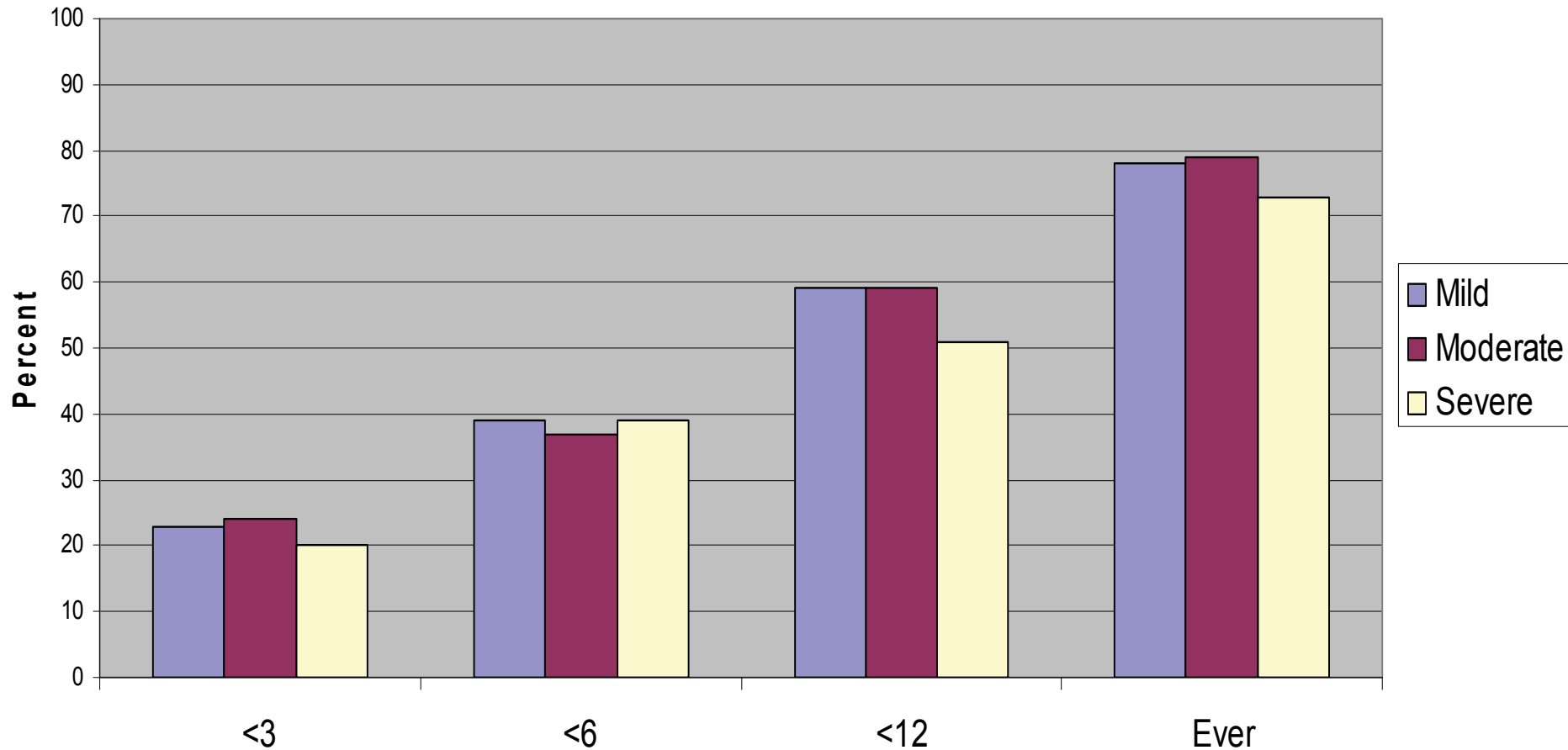
Results - Screening

Percent of diabetic patients screened past 12 months



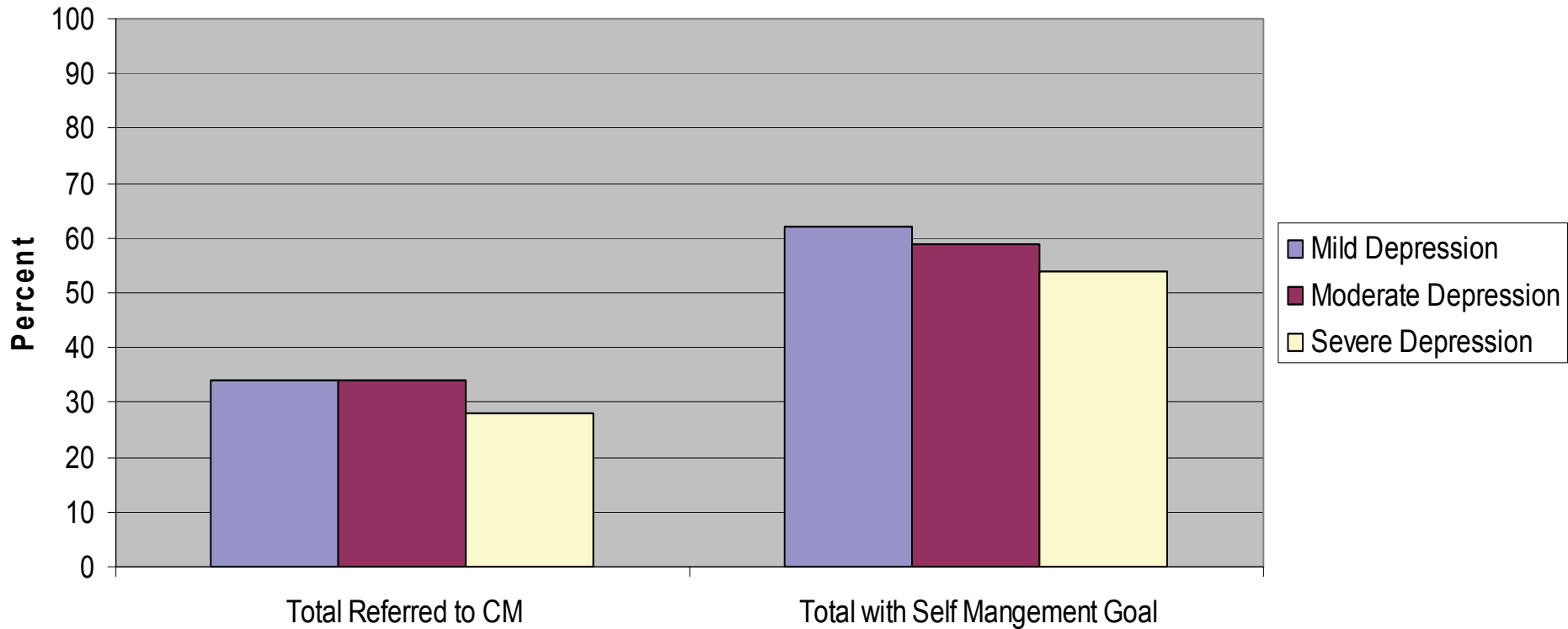
Results – PHQ Follow up

Follow Up PHQ's



Results – Care Management

Processes by severity all



Results - Outcomes

