OPTUMHealth Education

Behavioral Health Identification,
Treatment & Referral in Primary Care

Part One: Depression and Follow-Up after Higher Levels of Care

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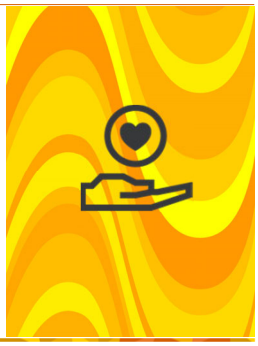
Thank you!

- You are human too.
- Thank you for all that you've done.
- Thank you for all that you continue to do.



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Agenda

Depression
- Identification/Symptoms
- Diagnoses/Screening
- Interventions/Treatment
- Medication Adherence tips

HEDIS® Measures
- AMM: Antidepressant Medication Measure
- FUH: Follow-up After Hospitalization
- FUM: Follow-up After Emergency Department Visit for Mental Illness

Follow up after higher levels of care
- What qualifies for a post discharge appointment
- Keys to success

Resources
- How to refer to behavioral health
- Telemental Health
- Links and professional organizations

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Why is this important?

Widespread

1 in 5

American adults is affected each year by **mental health and substance use disorders(SAMHSA, 2018)**

Unaddressed

60%

of adults with any mental illness **didn't receive mental health services** in the previous year (Park-Lee, et al., 2017)

Undervalued

According to the Center for Behavioral Health Statistics and Quality (2016) the impact of behavioral health issues on **America's total health care spending** is estimated at more than

20%

Suicide is the

10th

leading cause of death in the US

In 2019,

47,511

Americans died by suicide

In 2019, there were an estimated

1.38M

suicide attempts

(suicide statistics | AFSP)

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Primary Care: The First Path To Wellness

Most patients present to the PCP with behavioral health (BH) problems, but do not describe them that way

Where to start?

Step 1: Accurately **identify** the illness

Step 2: Choose the **right** treatment

Step 3: **Track** progress and **change** the treatment plan as appropriate

Screenings and other measurement tools can assess quality of care, track symptom improvement and promote effective outcomes for people with complex behavioral conditions.

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Common Signs & Symptoms Of Depression

Ask patients about:

- Feelings of sadness, anxiety, numbness or anger that impair their function
- Extreme mood changes of highs and lows
- Withdrawal from friends, family or activities
- Significant tiredness or persistent problems sleeping
- Consistent inability to cope with daily problems or stress
- Major changes in eating habits
- Increased use of tobacco, alcohol or other substances to cope
- Feeling hopeless and helpless
- Having unsafe thoughts or wishes to no longer be around
- Worsening of physical health problems

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Identifying Depression: Not All Sadness Is Depression

To establish a diagnosis of depression: refer to the Diagnostic Statistical Manual-5 criteria (DSM-5)

One, or both, of the core symptoms (depressed mood or loss of interest/pleasure) must be present.

- Feeling sad or hopeless or losing interest in daily activities nearly every day for at least 2 weeks.
- Thinking about death or suicide.
- At least 5 of 9 symptoms indicated in the DSM-5 must be present
- Symptoms are experienced more days than not over at least 2 weeks
- Can be subjectively experienced or observed by others
- Symptoms significantly disrupt social, occupational, educational, or other functioning
- Symptoms are not secondary to medical or physiologic cause or incidental to another psychiatric condition
- In complicated bereavement, symptoms cause marked functional impairment, preoccupation with worthlessness or suicide, or persist beyond 2 months

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Depression Occurs On A Spectrum

Mild	Moderate	Severe
✓ May be in response to a difficult life event or include grief after a loss of a job or loved one ✓ May not progress to more severe symptoms & may improve over time	✓ At risk of progressing to severe depression if not effectively treated soon enough	✓ Patient has likely been suffering for a while & needs high intensity support & immediate intervention

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How To Screen And Intervene In A Busy Clinic

Insights from a PCP

- Identifying & treating depression can save a life

Think about your team and resources:

How to administer the PHQ?

What to do with the results?

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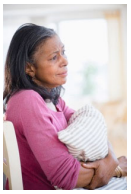
Screening for Depression

Depression can happen at any time. Each visit is an opportunity to identify and intervene early to promote health outcomes.



- Have every patient annually complete the Patient Health Questionnaire(PHQ)-9 screening tool at least annually, more frequently as indicated.
- Rule out medical etiology: hypothyroidism, anemia, low Vitamin D.
- Ask about suicidal or unsafe thoughts, substance use
- Ask if the patient only has depression at certain times of the year (seasonal affective disorder).
- Ask about recent stressors, life events, loss, coping & supports.

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Patient Health Questionnaire (PHQ)-9

Questionnaires such as the PHQ-9 are free and available in many languages.

To download the form and scoring instructions, visit **PHQscreener.com > Select A Screener > PHQ-9**

- Have every patient complete the Patient Health Questionnaire (PHQ)-2 screening tool annually.
- The PHQ-2 consists of the first two questions on the PHQ-9 and addresses the core symptoms of depression.
- **Patients who screen positive on the PHQ-2 should then be administered the full PHQ-9 to establish the diagnosis.**

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PHQ-9 Example

Patient Health Questionnaire – 9 (PHQ-9)				
Over the **last 2 weeks**, how often have you been bothered by any of the following problems? (Use a checkmark to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling or staying asleep or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

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PHQ-9 Scoring

Table 4. PHQ-9 Scores and Proposed Treatment Actions*

PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0-4	None-Minimal	None
5-9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10-14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15-19	Moderate Severe	Active treatment with pharmacotherapy and/or psychotherapy
20-27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management.

* From Kroenke K, Spitzer RL, Psychiatric Annals 2002;32:509-521

To download scoring instructions, visit **PHQscreener.com**

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After A Diagnosis Is Made…

Stigma can be the greatest barrier to treatment & recovery

- Stigma & negative perceptions associated with mental illness are a barrier to treatment
- Stigma and fear about being labeled as mentally ill produces a "Why try" attitude. Support from family may increase adherence and help fight stigma (Heath, 2017).
- Stigma about mental illness may not only discourage people from seeking treatment, but from staying on a medication or sticking with their treatment plan (nami.org)
- The language we use sets the tone for potentiating or breaking the stigma. How you talk about the diagnosis and treatment plan matters and can impact outcomes.

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Taking The First Step Towards Treatment

Breaking the stigma & setting the stage for collaboration

#1: Normalize that BH disorders are medical conditions & treatment can help
- ✓ Not a sign of weakness or character flaw
- ✓ Taking care of our mental health is part of taking care of our overall health

#2: Each person is unique, therefore their treatment plan is too
- ✓ It is not a one size fits all & there is no magic bullet
- ✓ Combination treatment can promote long term recovery better than monotherapy alone
- ✓ Treatment can help & people do get better

#2: Support the patient in knowing they are not alone & you are there to help
- ✓ Set the expectation that you want to know when their symptoms change & will collaborate with them if treatment changes are needed
- ✓ It takes a village: recruiting support from other providers, family & friends is important
- ✓ Their privacy is important & protected, unless there are concerns regarding safety
- ✓ Create a safety plan if indicated

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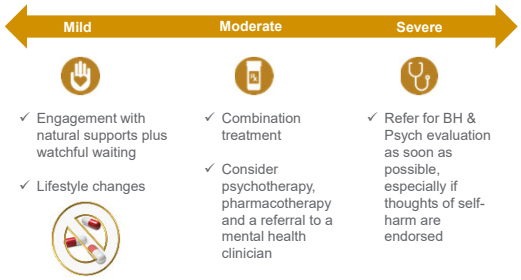
Treatment Also Falls On A Spectrum



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Treatment for Depression

Lifestyle changes can help
Mindfulness resources available at nami.org

- ✓ Encourage patients to engage in regular physical activity, eat healthfully, get good sleep, avoid alcohol & substances.
- ✓ Recruit support for their success-friends, family

Psychotherapy can be an essential tool in achieving recovery, alone or in conjunction with medication

- ✓ Stigma may cause reluctance to engage
- ✓ Therapy helps us process our stressors, build coping skills & resilience
- ✓ Different types of providers
- ✓ Variety of modalities to fit different patient's preferences & needs
- ✓ Robust evidence for Cognitive Behavioral Therapy (CBT).
- ✓ Can include self-help or grief groups
- ✓ A therapist is part of a patient's care team: letting the patient know that communication between all their care providers is essential –obtain ROI for therapist, family

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Treatment for Depression

Medication in combination with therapy can be more effective than either one alone

Remember, not everyone with depression needs a medication. Mild depression can first be managed with other interventions.

Setting expectations, building commitment & trust

- ✓ Help patients realize medication is not "a magic bullet," but just one part of their treatment plan
- ✓ Be transparent: let them know it may take up to 12 weeks for medications to be fully effective
- ✓ Highlight the importance of taking the medicine every day as prescribed
- ✓ Inform them that psychotherapy can help them develop effective coping mechanisms which can help them feel better faster while the medicine takes time to work
- ✓ Emphasize the importance of continuing the medication for several months, even after they feel better, to promote full recovery
- ✓ Counsel them not to stop the medication without talking to their provider first
- ✓ Different types -SSRIs, SNRIs, Tricylic Antidepressants, Other agents such as NDRIs (e.g. bupropion)

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Improving Outcomes

Provide the facts for informed consent & set the stage for a collaborative approach to treatment planning

- ✓ Encourage patients to actively engage in the discussion about starting medication to ensure they fully agree with the treatment plan
- ✓ Engage family supports & include family in the discussion if possible
- ✓ Provide education on how the medication works & how long medications should be used
- ✓ Engage in an open conversation about side effects & any concerns they may have (many patients are hesitant to bring up concerns)
- ✓ Identify a plan to cope with side effects versus when to bring them to the attention of the provider
- ✓ Explain the potential benefits of treatment versus risks of no treatment
- ✓ Discuss expectations regarding the remission of symptoms
- ✓ Encourage patients to make an appointment with you, either in person or through virtual platforms, if they have questions or are considering stopping the medication

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Medication Adherence Tips

- Research shows higher levels of depression have lower rates of compliance due to lowered levels of insights that occur in severe depression (Solmi, et. al, 2020)
- It is important to stress to patients that medication adherence will help them reach their goals of recovery & improve their quality of life. Not taking medications can decrease quality of life & increase visits to the hospital or doctor (nami.org)
- Use a gentle approach that normalizes taking a medication for depression as similar to taking a medication for any other health problem, such as diabetes or high blood pressure

Encourage patients to:

- ✓ Put medications in a daily/weekly pill box
- ✓ Use an automatic refill program
- ✓ Use mail to home pharmacy options
- ✓ Make a medication list for MD visits
- ✓ Talk about side effects and/or concerns and ask questions
- ✓ Take medication the same time every day
- ✓ Pair medication times with a daily activity or a routine (like breakfast and dinner, or place medication next to coffee pot)

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HEDIS® Measures

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What are the HEDIS measures & why are we talking about them?

HEDIS® (Healthcare Effectiveness Data and Information Set) is a comprehensive set of standardized performance measures designed by NCQA® * to provide purchasers and consumers with the information they need for reliable comparison of Health Plan performance.

HEDIS measures related to the treatment of depression

- **Antidepressant Medication measure (AMM)**
- **Follow-up after Hospitalization (FUH)**
- **Follow-up after Emergency Department visit for mental health (FUM)**

*NCQA ® - The National Committee for Quality Assurance is an independent, non-profit organization dedicated to improving health care quality. NCQA developed metrics to measure outcomes in key areas.

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Why Are These Measures Important to A PCP?

Continuity of care is crucial to a patient's clinical trajectory.

This includes both medication adherence and follow up with a provider.

- Antidepressants only work when taken.
- Discontinuing them abruptly or too soon without a provider's guidance, can cause unwanted effects, including withdrawal or a recurrent episode of depression.
- Patients are at an elevated risk of negative outcomes after an ED or hospital admission, which makes their follow up visit even more important.

You can help reduce the likelihood of a crisis and promote their recovery.

- By establishing a therapeutic **alliance** and a **collaborative, stigma free approach to care**, your patients are more likely to **communicate** with you about these things.
- You may be their **FIRST** point of contact for ongoing care.

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Antidepressant Medication Measure (AMM)

The percent of members with a diagnosis of depression who were treated with antidepressant medication and remained on an antidepressant for

- 12 weeks (Acute Phase)
- 6 months (Continuation Phase)

- The AMM measure focuses on adherence to medication
- Those with mild depression may be more successfully treated with behavioral or cognitive behavioral therapy as antidepressants may have little effect (mayoclinic.org, 2018).

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Follow-up After Hospitalization (FUH)

The percent of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders, who had an ambulatory or intermediate mental health visit:

- within 7 days
- within 30 days

- The day of discharge is day zero. To count toward the FUH 7-day measure the aftercare follow-up visit must occur any time between day 1 – 7
- Includes telemental health (virtual visits) and billable telephone visits
- Follow up must occur with a mental health practitioner

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Follow-up After Emergency Department Visit for Mental Illness (FUM)

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness. Two rates are reported:

- within 7 days
- within 30 days

- Follow-up can occur with medical or behavioral practitioner
- Can occur on the same day as the ED visit
- Includes telehealth (virtual visit), billable telephone, e-visit, or virtual check-in
- Must have a principal diagnosis of a mental health disorder included on the claim

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Follow-Up After Higher Levels Of Care

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FUH And FUM Measure Specifications

This is not just about scheduling an appointment. The appointment must be **kept** for it to count. what qualifies and where do you fit in

If you meet the 7-day measure, you automatically meet the 30-day measure

Research shows that day 8 is a marker for rehospitalization. "Follow-up within 7 days was associated with meaningful reductions in readmission risk for patients with multiple chronic conditions and a greater than 20% baseline risk of readmission, a group that represented 24% of discharged patients" (Jackson, et.al, 2015, p115).

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Differences Between FUH And FUM

Emergency Room (FUM) — **Discharge** — **Inpatient Hospital (FUH)**

- ✓ PCP to see patient within 7 days and **bill with a mental health diagnosis**
- ✓ Appointments on the day of the ED visit are included

- ✓ PCP to refer patient to a **mental health practitioner** to be seen within 7 days of discharge
- ✓ Appointments on day of discharge are not included

Patient Diagnosis is Mental Illness

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What Qualifies As An Aftercare Appointment For FUH?

A HEDIS® qualified appointment is an outpatient appointment with a licensed mental health practitioner.

Qualifies

- Psychiatrist
- Psychologist
- Licensed counselor/social worker/MFT
- Psychiatric nurse

Does not qualify

- Primary care physician
- Drug and alcohol counselor
- Non-licensed clinicians

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What Qualifies As An Aftercare Appointment For FUH?

A HEDIS® qualified appointment is an outpatient appointment with a licensed mental health practitioner.

Qualifies

All must be with a licensed mental health provider:
- Outpatient visit
- Partial Hospitalization
- Intensive Outpatient Program
- Group/Family therapy
- Outpatient ECT
- Home Health
- Telemental health (virtual visit)

Does not Qualify

- Primary care appointment
- Primary substance use treatment
- Pastoral counseling
- School counseling

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FUH Key Driver To Success

Patients must have a 7-day HEDIS® qualified aftercare appointment with a mental health practitioner

Patients receiving medication from their PCP still need post-discharge therapy with a behavioral health provider

- 40% of individuals who have been discharged from an inpatient facility have seen a behavioral health provider within the past 30 days (50% within the past 90 days)

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Where Does A PCP Fit Into All These Measures?

Your relationship & communication with a patient matters

- ✓ Establishing a therapeutic alliance builds trust and openness, such that a patient is more likely to reach out before a crisis
- ✓ A patient is more likely to discuss worsening symptoms with you before they go to the ED or hospital if you have set the expectation for ongoing communication & collaboration during treatment
- ✓ A patient is more likely to let you know they were hospitalized if you have established a stigma free dialogue with them, & established an agreement that you want them to let you know when things change
- ✓ Engaging family supports & establishing an interdisciplinary team approach to care with a member's therapist helps build more opportunities for communication in real time
- ✓ All of these pillars can help promote your ability to support a patient in adhering to their treatment plan (therapy and medication) & receiving follow up care when needed

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Tips For Success

- **You can support your patients by referring them to behavioral health treatment for continued care.**
  - Referrals can be obtained by calling the number on the back of their health plan ID card or searching liveandworkwell.com
- **Emphasize the importance of supportive therapy as a supplement to medication.**
  - A licensed master's level clinician, such as a counselor or social worker, can provide supportive therapy.
- **If a situation arises where a patient is unable to be seen within 7 days, ensure they have an appointment within 30 days of discharge.**
  - Consider referrals for telemental health (virtual visits)

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Referring To Behavioral Health

Mild | Moderate | Severe

Behavioral health professionals maybe licensed in psychiatry, psychiatric nursing, psychology, counseling, social work or marriage and family therapy

When to refer to a Counselor, Social Worker or Family Therapist:
- Support for stress, grief, relationship issues, adjustment to change etc.
- Individual, group or family therapy
- Ongoing monitoring and collaboration with psychiatrist

When to refer to a Psychiatrist:
- Suicidality or Self-harm behaviors
- Psychotic symptoms
- Diagnostic questions
- Developmental problems (children/adolescents)
- Medication Management review
- Psychopharmacology assessment/advice
- Substance abuse/addiction
- Signs of dementia
- Sleep problems

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Referral Process for Behavioral Health Treatment

Call the mental health/substance use phone number on the back of the patient's health plan ID card.

Mild Symptoms	Moderate Symptoms	Severe Symptoms
✓ Outpatient or virtual visit with a mental health provider ✓ Individual, family or group therapy	✓ Outpatient or virtual visit with a mental health provider ✓ Individual, family or group therapy ✓ Psychiatric evaluation- may or may not need medication ✓ Monitor for increase in symptoms	✓ Individual, family or group therapy ✓ Intensive outpatient therapy (IOP) or Partial hospitalization program (PHP) ✓ Psychiatric evaluation for medication ✓ Residential treatment ✓ Inpatient hospitalization for most severe symptoms (suicide/homicide)

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Resources

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Behavioral Health Resources

For more information on depression:

The American Psychiatric Association
Clinical Practice Guidelines
www.psychiatry.org/psychiatrists/practice

National Institute of Mental Health
www.nimh.nih.gov

National Alliance on Mental Illness
www.nami.org

Depression and Bipolar Support Alliance
www.dbsalliance.org

Mental Health America
www.mhanational.org

National Suicide Prevention Lifeline
www.suicidepreventionlifeline.org

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Thank you.

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