

Universal Depression Screening

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Making the Case for Universal Depression Screening in Primary Care

- MDD is chronic, often recurrent and disabling, impacting 5-10% of adolescents and adults each year in the US
 - Expected to be the leading cause of disability worldwide by 2020 (Mathers et.al. 2006)
- Across pediatric and adult primary care settings, MDD affects up to 15% of patients, yet rates of detection are low
- Depression is often comorbid with other medical conditions complicate the course and treatment of each other (Rivelli & Shirey 2014)

Making the Case for Universal Depression Screening in Primary Care

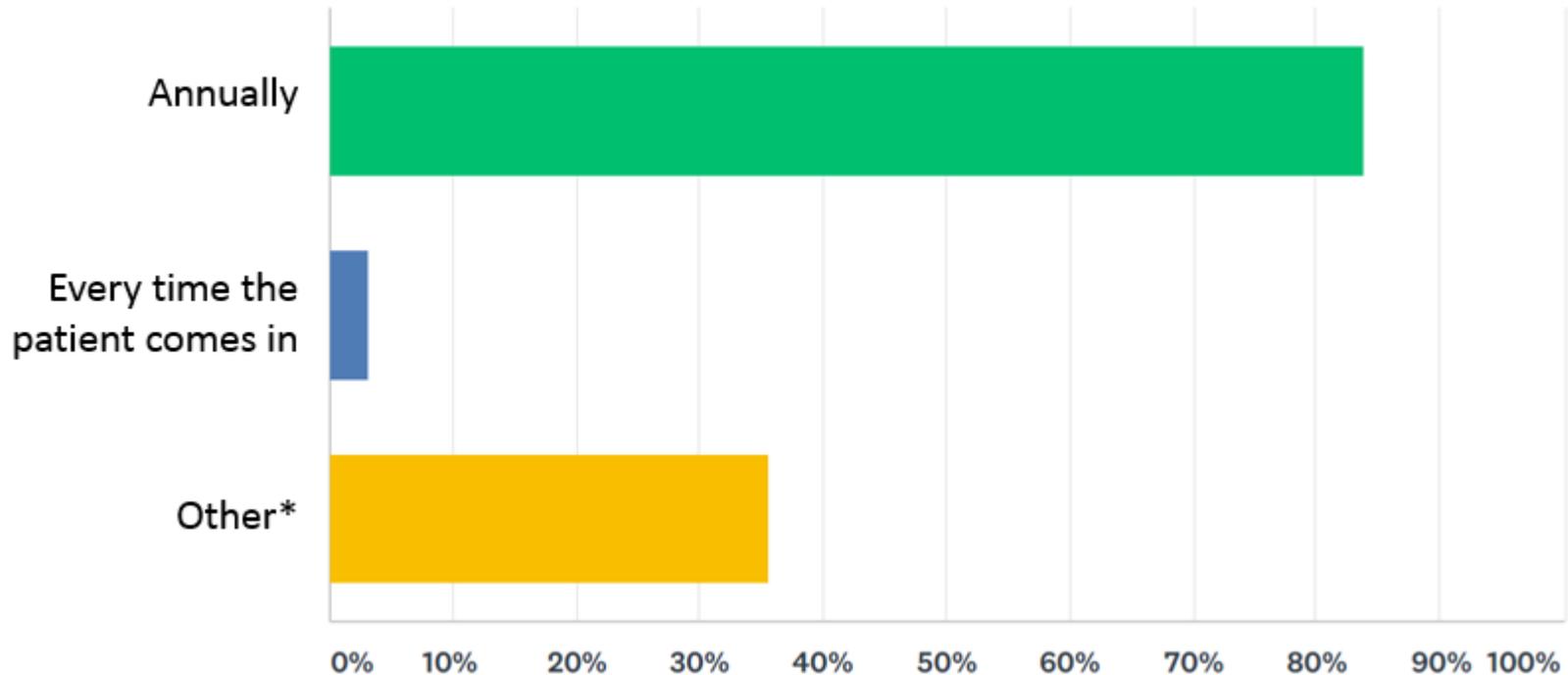
- Universal screening in primary care promotes:
 - Recognition (“getting upstream”)
 - Earlier and improved
 - Accurate diagnosis
 - Standardized screening tools using DSM-5 diagnostic criteria coupled with clinical judgment
 - Reduces delay in treatment initiation
 - Utilization of available supports and resources
 - Use of evidence-based pharmacological and non-pharmacological treatment
 - Via clinical toolkits

USPSTF Recommendations

- Screen for depression in all patients ages 12 and older, including pregnant and postpartum women (USPSTF, 2016)
 - AAP: beginning at age 11
- Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up

Current State: Survey Results

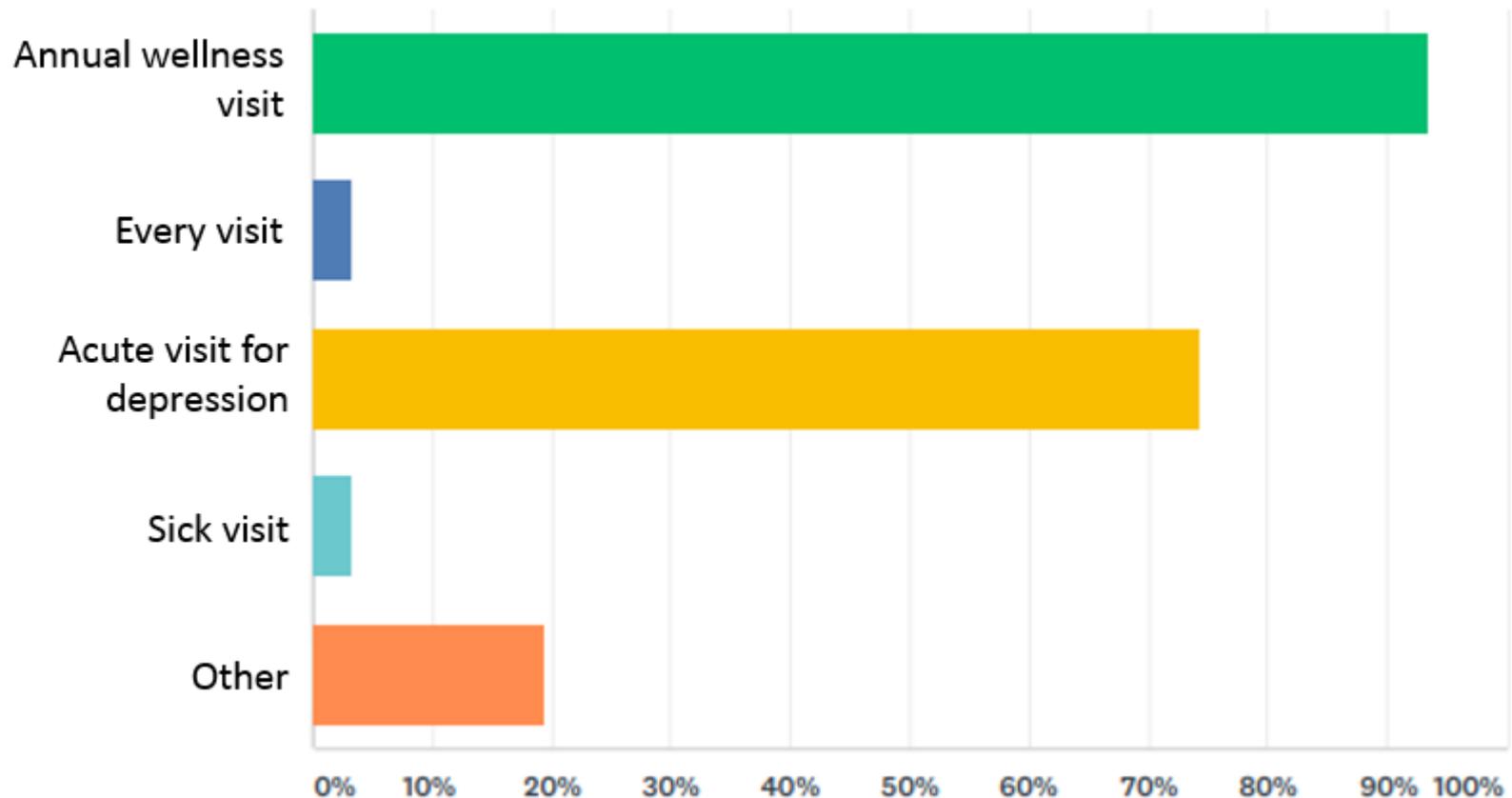
How often do you screen?



*Responses included: as indicated, with depression diagnosis/concern, varies by provider

Current State: Survey Results

At which visits do you screen?



AHP's Universal Screening Initiative

All patients 12+ in your practice screened for Depression once a year

Clinical Objective

Identify patients with depression and help PCPs provide early interventions in the primary care setting with assistance provided by AHP and the BHI team

Operational Objective

To reduce barriers to screening and provide support for screening and follow up

Quality Measure

Depression Screen and Follow up
Measures intervention for those who screened positive

Resources for your practice

- Toolkit
 - Clinical
 - Operational
- Educational supports and consultation
 - Consultation with BHI
 - ECHO
 - Online Education supports

Clinical Toolkit for Patients 12 + years

- Promote screening for depression for all patients once annually
- Promote early identification, response and treatment
- Provide evidence based assessments and brief interventions
- Formats available as:
 - Downloadable pdf versions (long and short forms)
 - Interactive web-based version will soon be available

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Depression Screening Tool Kit

Home > Clinical Resources > Depression Screening Tool Kit

Tool Kit Overview

PHQ2/9 Screening Tool

Screening Results, Action Plans

Medication Management

Patient Education

Other Resources

Overview

- 1** Goals of the Depression Screening Tool Kit
- 2** Instructions for Using this Tool Kit
- 3** Behavioral Health Integration Team

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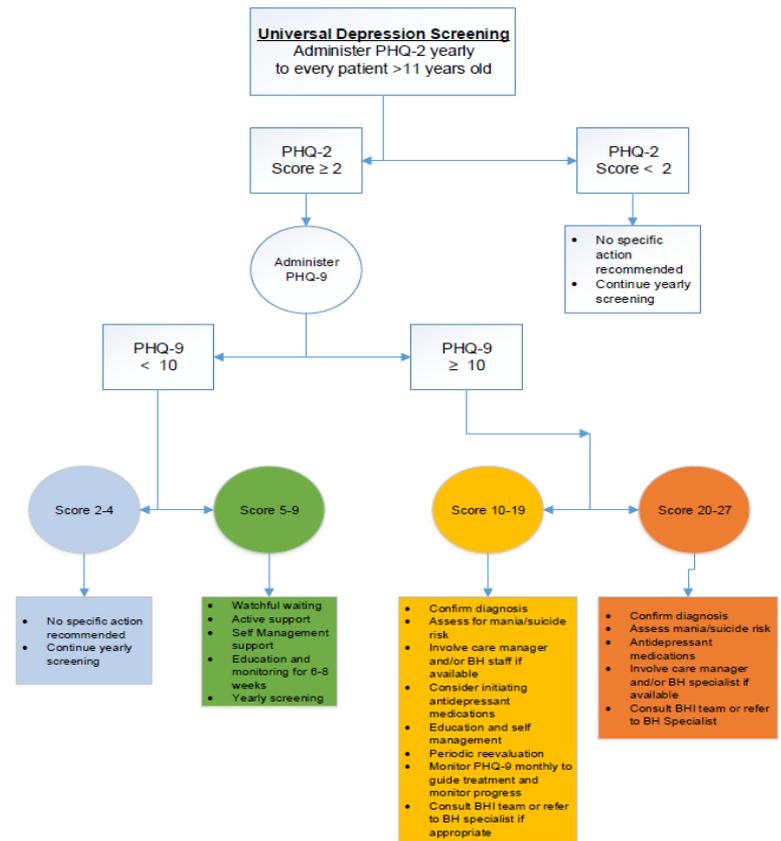
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Website by **amj**

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Web-based interactive toolkit under development on the AHP website

Depression Severity and Recommended Interventions



Depression Screening Tool Kit

Home > Clinical Resources > Depression Screening Tool Kit > Medication Management

Medication Management



	Starting Dose (mg)	Therapeutic dose range (mg)	Adverse Effect Potential							
			Sedation	Anti-cholinergic	Insomnia/Agitation	Orthostatic Hypotension	Sexual dysfunction	Wt. gain	GI	QTc
SSRIs										
<i>Assess response (PHQ-9), side effects, adherence, and suicide risk at each visit. Treatment goal is Remission (PHQ-9 <5).</i>										
Escitalopram	10	10-20	0	0	1+	1+	3+	1+	1+	1+
Fluoxetine	20 ¹	20-80	0	0	2+	1+	3+	1+	1+	1+
Paroxetine	20 ¹	20-50	1+	1+	1+	2+	4+	2+	1+	1+
Sertraline	50	25-200	0	0	2+	1+	3+	1+	2+	1+
SNRIs										
Duloxetine	20 BID ²	40-60	0	0	2+	0	3+	0		0
Venlafaxine ER	75	75-225	0	0	2+	0	3+	0	2+	1+
MISC.										
Bupropion XL ³	150 ¹	300-450	0	0	2+	0	0	0	2+	1+
Mirtazapine	15 QHS	15-45	4+	1+	0	0	1+	4+		1+

Medication Management Information

AHP Adolescent Universal Depression Screening Toolkit

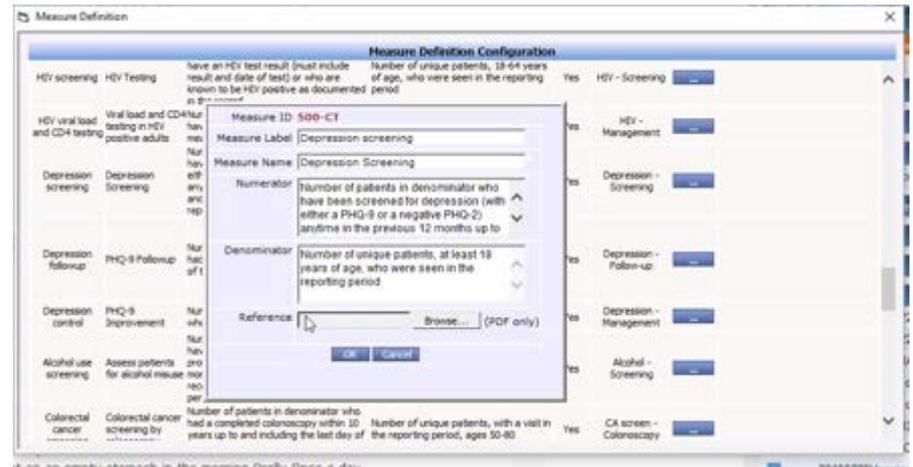
- A clinical support developed to assist pediatric & family practice providers with a **systematic, evidence-based approach for responding to (+) screens, management and follow up care for youth presenting with depressive symptoms**
 - Consistent with Guidelines for Adolescent Depression in Primary Care (GLAD-PC) Toolkit (The REACH Institute, 2018)

Variations in Content for Adolescents

- Patient Health Questionnaire (PHQ-9)
 - Modified and applicable for individuals 12+
 - Scoring and recommendations for response and intervention
- Phases of treatment that highlight developmentally sensitive considerations
- Evidence-based adolescent Pharmacy Pearls
- Suicide risk assessment screening and safety plan guidance for adolescents

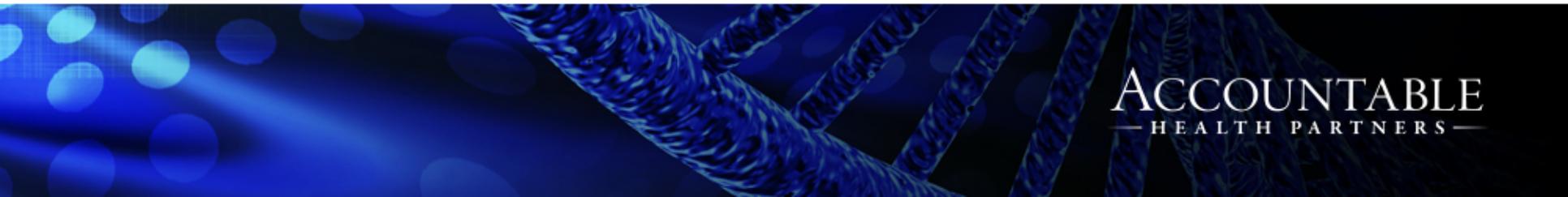
Operational Toolkit

- Best practices
 - Identifying patients
 - Documenting screening
 - Tracking results
 - Claims



	Not at all	Several days	More than half the days	Nearly every day
1) Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5) Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6) Feeling bad about yourself or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7) Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9) Thoughts that you would be better off dead, or of hurting yourself in some way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Score:	12			

PHQ9						
			11/07/15	10/17/19	Name	Range
			9	16	PCS-PHQ9 - PHQ9	



Operational Toolkit

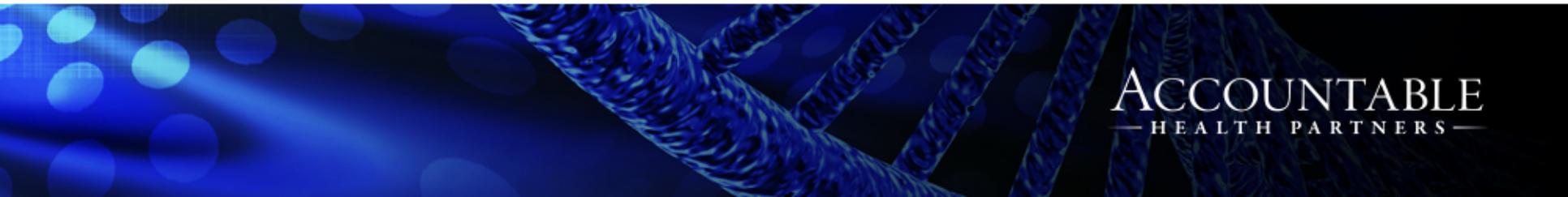
- EMR specific templates
 - Patient level reminders
 - Screening tools
 - Interventions:
 - Depression Plan of Care

The screenshot shows a 'CDSS Alerts' window with a table of alerts. Below the main table, a detailed view for a 'Depression Screen PHQ9 Adult' alert is shown, including a 'Depression Plan of Care (PHQ Score 10+)' table.

Name	Last Done	Freq	Due Date	Status	Orders
Influenza vaccine (over 50)		6 M	10/08/2019	🚫	🚫
A1C control (< 7%)	09/23/2019	6 M	03/23/2020	✅	🚫
A1C testing	09/23/2019	6 M	06/05/2018	✅	🚫
Breast cancer screening	08/07/2017	24 M	08/07/2019	✅	🚫
Colorectal cancer screening	08/03/2017	120 M	08/03/2027	✅	🚫
Depression screening	06/04/2019	12 M	06/04/2020	✅	🚫
Smoking					

Due/Alert	Last Date	Result	Next Due
CQM 138v7-Tobacco Use: Cessation Intervention	Unknown		
Depression Screen PHQ9 Adult	Unknown		
Imm/ Tetanus Every 10yrs	Unknown		

Depression Plan of Care (PHQ Score 10+)	Yes	Comments
Provide education about depression (patient and/or family)	<input type="checkbox"/>	🔹
Provide self-management support (sleep, nutrition, activity, symptom awareness, etc.)	<input type="checkbox"/>	🔹
Clinical interview to confirm depression diagnosis	<input type="checkbox"/>	🔹
Assess for mania	<input type="checkbox"/>	🔹
Assess for suicide risk	<input type="checkbox"/>	🔹
Initiate or adjust antidepressant medications	<input type="checkbox"/>	🔹
Schedule follow up call/appointment to monitor PHQ 9	<input type="checkbox"/>	🔹
Collaborate with care manager	<input type="checkbox"/>	🔹
Consult AHP Behavioral Health Integration team	<input type="checkbox"/>	🔹
Refer to Behavioral Health (BH) specialist	<input type="checkbox"/>	🔹



Additional Educational Supports

☰ Depression Screening and Diagnosis

Depression Screening and Diagnosis

A PRIMARY CARE GUIDE



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BEGIN



Detecting Mood Disorders



Uncovering mood disorders in the primary care setting can be done through:

Universal screening of your patients

or

Screening based on chief complaint



Interactive and self-guided with sidebar navigation when desired

Sample scripting with realistic examples of clinician/patient/family dialogue

Shared Decision Making & Patient Choice



Shared decision making involves clinicians and patients working together to make decisions about treatments and therapies.



Resources
hyperlinked for
more information
when relevant.

Psychopharmacology for Depression

RESOURCES

Dosing Considerations

ANTICIPATE AND INFORM

Rate of titration varies with

- SSRI's
- symptom severity
- risk of untoward effects (e.g. mania)
- evidence of positive response

Give ample anticipatory guidance about:

- daily dosing
- managing side effects
- calling the office with any concerns or wishes to make changes



Psychopharmacology for Depression

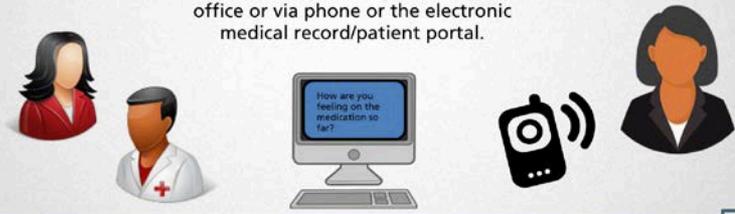
RESOURCES

Monitoring Strategy

Consider who on your team may be best suited to help with monitoring for adherence, symptom improvement and side effects.

Examples of team members include *social workers, nurses and care managers.*

This can be done in-person in the office or via phone or the electronic medical record/patient portal.



Invites discussion
for you and your
team around
workflow and roles.

Depression Screening and Diagnosis

A PRIMARY CARE GUIDE



BEGIN



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- The Model – Leveraging a proven telementoring model to significantly increase access to BH specialists to provide feedback on complex cases
- The Format - clinicians (the spokes) from different practices log in via ZOOM and present cases with varied levels of complexity. Members of the AHP BHI team as well as care managers and pharmacists (the hub) will discuss and provide feedback about the case.
- The Didactic – Each session also includes a 20 – 30min didactic presentation tied to the case being discussed

Information on accessing AHP-BHI Team for Consultation

To obtain a consultation from the BHI Team at AHP, send an email to AHPBHIT@urmc.rochester.edu.

It is important the care manager in the practice when available is included on this request.

A response should be expected within 24 to 48 hours of the request.

The AHP BHI Team Wants To Help!



Next Steps

- AHP BHI Team will be reaching out to schedule meetings with your practice
- We'd like to meet with each practice to understand your workflow, introduce the toolkit and additional supports, and launch universal screening across the network

Thank You!



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Questions?