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This Provider Toolkit is part of a performance improvement project to improve antidepressant medication management. The project is a collaborative effort among six Minnesota health plans: Blue Cross, HealthPartners, Medica, Metropolitan Health Plan, Hennepin Health, and UCare, with project support provided by Stratis Health.

http://www.stratishealth.org/pip/antidepressant.html
Provider Toolkit – Antidepressant Medication Management

Introduction
This Provider Toolkit is an educational resource facilitated as a collaborative effort between the Clinical Quality Management Team for Maine and Anthem’s Behavioral Health Provider Collaboration. The toolkit information is presented utilizing the research and material delivered through a collaboration of Minnesota’s six health plans Blue Cross, HealthPartners, Medica, Metropolitan Health Plan, Hennepin Health, and UCare, with project support provided by Stratis Health.

The goal of this project is to improve antidepressant medication adherence and increase scores on HEDIS® measures for better patient outcomes. Outcomes will be measured by the HEDIS (Healthcare Effectiveness Data and Information Set) Antidepressant Medication Management (AMM) measure (National Committee for Quality Assurance (NCQA), 2015). The HEDIS AMM measure consists of two sub-measures:

- **Antidepressant Medication Management – Acute Phase:** Percent of health plan members 18 years and older with a diagnosis of depression who were treated with an antidepressant medication and remained on the medication for at least 12 weeks
- **Antidepressant Medication Management – Continuation Phase:** Percent of members 18 years and older with a diagnosis of depression who were treated with an antidepressant medication and remained on the medication for at least 6 months

HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service, including medication adherence. Medication is often a key component of depression treatment. Multiple health plans have begun to include antidepressant medication adherence as a quality metric in provider pay for performance programs.

Significance of the Topic
Depression is the most common form of mental disorder in the United States. It is expected that depression will become the second leading cause of disability worldwide by the year 2020 (Chong, Aslani & Chen, 2011). Treatment for depression often includes antidepressant medication; however, adherence to this medication remains a significant problem (Olfson, Marcus, Tedeschi & Wan, 2006).

Goal of the Provider Toolkit
The goal of this Toolkit is to gather a list of resources and tools for providers working with patients experiencing depression who struggle with recommended medication management protocols. The Toolkit includes resources on:

- Best practices for depression care
- Mental health resources for providers and patients
- Shared decision making
- Mental health resources for seniors

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Best Practices for Depression Care

Nationally recognized clinical practice guidelines recommend antidepressant medication and/or referral for psychotherapy as optimal treatment for major depression. Factors to consider when making treatment recommendations are symptom severity, presence of psychosocial stressors, presence of comorbid conditions, age of the patient, potential medication interactions, and patient preferences. Physical activity and active patient engagement can also be beneficial in easing symptoms of major depression.

Screening & Monitoring of Depressive Symptoms: The PHQ-9 and GDS

The PHQ-9 (Patient Health Questionnaire) is a multipurpose instrument for screening, diagnosing, monitoring, and measuring the severity of depression (Kroenke & Spitzer, 2002). The PHQ-9 is completed by the patient in minutes and is rapidly scored by the clinician. The PHQ-9 can also be administered repeatedly, which can reflect improvement or worsening of symptoms (Löwe, Unutzer, Callahan, Perkins & Kroenke, 2004). The PHQ-2, which consists of the first two items of the PHQ-9, is also available to providers (Kroenke, Spitzer & Williams, 2003). The purpose of the PHQ-2 is not to establish a final diagnosis or to monitor the severity of symptoms, but as an initial screening tool.

The Geriatric Depression Scale (GDS), first created by Yesavage, et al. (1983), has been validated and used extensively with the older population. The GDS Long Form is a 30-item questionnaire in which respondents answer yes or no in reference to how they felt over the past week. A Short Form GDS consists of 15 questions from the Long Form GDS that demonstrated the highest correlation with depressive symptoms in validation studies (Sheikh & Yesavage, 1986). The GDS may be used to monitor depression over time in all clinical settings. Any positive score above 5 on the GDS Short Form should prompt an in-depth psychological assessment and evaluation for suicidality.

Medication Adherence & Follow up Care

The Institute of Clinical Systems Improvement (ICSI) clinical guidelines on adult depression in primary care advise the following:

- Patients may show improvement within two weeks of initiating an antidepressant, but may need a longer length of time to demonstrate full response and/or remission.
- Providers should continue working with the patient to monitor medication dosage, and assess the need to augment with psychotherapy or supplemental medication to reach remission. This can take, on average, up to three months.
- The likelihood of a response to treatment increases if there is follow-up contact within three months of diagnosis or treatment initiation.
- Providers should monitor response to treatment with a quantitative symptom assessment tool (e.g., PHQ-9 or GDS) within three, six and twelve months of diagnosis or initiating treatment.
- Most people treated for initial depression need to stay on medication at least 6-12 months after adequate response to symptoms.
- Patients with recurrent depression often need to continue treatment for three years or more.
- When using pharmacotherapy in elderly patients, the clinician should carefully consider how the metabolism of the drug may be affected by physiologic changes, comorbid illnesses and the medications used for them.

See ICSI: Health Care Guideline: Adult Depression in Primary Care Guideline
Mental Health Hospitalization – Follow up Care
Appropriate follow-up care after discharge from a psychiatric hospitalization is vital. Patients should see an outpatient specialist within 7 to 30 calendar days of discharge. Proper follow-up care is associated with lower rates of re-hospitalization, and with a greater likelihood that gains made during hospitalization are retained. Follow-up care also helps detect early post-hospitalization reactions or medication problems and provides support with the sometimes difficult transition to the home and/or work environments.
It is important that when providers see their patient after a mental health hospitalization to encourage them to see their mental health provider. If you have mental health providers integrated into your primary care practice, it is important to make that appointment as soon as possible. For more information on integrated mental health care see the section on Emerging Best Practices. If your practice does not have a mental health provider, your patients can call their health plan to connect with a mental health provider.

The Agency for Healthcare Research and Quality Web site provides practical health care information, research findings, and data to help consumers, health providers, health insurers, researchers, and policymakers make informed decisions about health care issues. More information on mental health hospitalization follow up can be found on the AHRQ website under clinical measure summaries.

- Agency for Healthcare Research & Quality – 7 Day Follow up
- Agency for Healthcare Research & Quality – 30 Day Follow up

Emerging Best Practices: Integration of Behavioral Health Care into the Primary Care Setting
Depression often is diagnosed and treated in primary care settings. Primary care providers are called on to monitor clinical outcomes for depression and can benefit from consultation with psychiatrists and other behavioral health professionals regarding more complex cases that do not respond sufficiently to first line interventions. Approaches such as co-location and integrated or collaborative practice protocols help primary care clinics with embedded or associated behavioral health services treat a broader base of patients. In the state of Maine, integrated care (the coordination of behavioral health services through the primary care setting) is a principal focus of its health reform efforts. Maine Quality Counts (QC) is an independent healthcare collaborative that has recognized the integration of physical and behavioral health as key to overall health care quality improvement.

QC convened the conference series that presented stakeholders with Chronic Care Management introducing standards to Maine’s healthcare providers to help improve health outcomes. The goal has been to demonstrate how systemic change could improve care in Maine primary care practices.

Shared Decision Making (SDM) for Depression Treatment
Providers use some form of SDM in almost every encounter with patients by giving them choices in their care. SDM is a way for a provider and a patient to work together to make a decision about antidepressant medication and treatment. SDM is particularly important when dealing with patients from different racial and ethnic groups. Providers should understand that a person’s values and beliefs will influence how they choose to act (or not act) upon a provider’s recommendation.

Some basic tenants of SDM include:
- Explore different treatment regimens by comparing options through the lens of the patient’s values, beliefs, culture and lifestyle.
- There is no right decision for everyone. Providers should avoid trying to sway toward one decision.
- The decision making process may consider the wishes of those close to the patient – who they want involved; whose opinions matter to them.
- This process empowers patients to be involved in their health decisions.
- A quality decision is informed and values-based.
Resources on SDM

- MaineHealth has a Shared Decision Making Resource Center which supports the routine use of SDM in clinical practice.
- The Institute for Clinical Systems Improvement (ICSI) offers a document that serves as a resource on Shared Decision Making in practice.
- Mental Health America offers tips for physicians to work through the SDM process with their patients related to mental health issues.
- The SHARE Approach is developed by the Agency for Healthcare Research and Quality (AHRQ). The SHARE approach is a five-step process for shared decision making that includes exploring and comparing the benefits, harms, and risks of each option through meaningful dialogue about what matters most to the patient. One tool in the SHARE approach is a reference guide with conversation-starters.
- The Mayo Clinic Shared Decision Making National Resource Center offers tools and information on how to work with patients on decision making regarding antidepressant medication.
- JAMA Internal Medicine provides an article on physician shared decision making behaviors in depression care.

SDM example options for an initial diagnosis on depression:

- For Mild or Minimal Depression, recommended treatment includes education, behavioral activation (exercise, social support, increase fun and stress relieving activities), self-management, and healthy lifestyle (healthy eating, limit alcohol, etc.). This could include alternative medications or culturally specific strategies such as healer, herbas, etc.

- For Moderate Depression, the recommended treatment includes all of the options for Mild/Minimal Depression as well as the added treatment of psychotherapy and/or medication.

- For Severe Major Depression, recommended treatment includes all of the options for mild/minimal/moderate depression as well as BOTH psychotherapy and medication.

While these are basic starting guidelines, it is very important to make sure to engage the patient to find out what motivates them, what they are willing to try, and what they are likely to follow through with. Educating them and engaging them in a thoughtful discussion, and ultimately coming up with a treatment plan/decision that they are going to adhere to is ideal.

Mental Health Resources
Helping patients understand their depression diagnosis and treatment options can improve treatment and/or medication adherence. This section identifies resources that can help patients and families better understand and manage depression. You will find:

- Links to patient materials you may find helpful in your practice
- Links to national and local organizations that offer a variety of resources and support for persons living with a mental illness and their families
Resources for Providers

Joint Commission Speak Up™ Campaign
Find free patient materials (brochures, posters, infographics and animated videos) on a variety of health care topics, including depression. The award winning Speak Up™ campaign encourages patients to become involved and informed members of their health care team. You can download all the Speak Up™ materials for free.
- What You Should Know About Adult Depression
- Understanding Your Doctors and Other Caregivers
- Tips For Your Doctor’s Visit

National Alliance on Mental Illness (NAMI) Make it OK Campaign
NAMI’s Make it OK campaign seeks to reduce stigma and change misperceptions about mental illness by encouraging open conversations and education on the topic.

Bridging Health Care Gaps is an online tool for providers and office staff to provide the most effective care through culturally competent and sensitive patient communication.

The Joint Commission released an informative paper discussing the myths about patient-physician communication and myths about engagement called Busting the Myths about Engaging Patients and Families in Patient Safety.


DHHS’ Health Resources and Services Administration, Advisory Committee on Training in Primary Care Medicine and Dentistry has an annual report addressing Health Literacy and Patient Engagement which are key components in the physician-patient relationship.

DHHS-Think Cultural Health: A Physician’s Practical Guide to Culturally Competent Care is an e-learning training program that addresses concerns regarding the need and delivery of health care to diverse populations, recognizing the racial and ethnic disparities in care.

Maine.gov Office of Health Equity offers tips to providers on becoming culturally competent according to CLAS Standards.

Resources for Patients

At the Maine Department of Health and Human Services, Substance Abuse and Mental Health services’ Maine.gov, there are resources to the mental health system for the state and linking to evidence-based practice resources.

The American Psychiatric Association’s website includes a Patients & Families Section that includes information on several common mental disorders, including depression. Visitors to the website can find answers to common questions, stories from people living with a mental illness, and links to additional resources.

Patient Education Tools

National Institutes of Health- Talking to Your Doctor empowers patients to take an active role in the communication between them and their physicians.

NAMI, Taking Charge of Your Mental Health is a handout for patients to navigate dealing with their mental health from taking the steps to schedule a specialist appointment to logging their mental health changes.

Maine Quality Counts- created a brochure “It’s All About Me!” that assists patients with taking ownership of their health
Resources for Seniors

Helping patients understand depression and depression treatment can be a difficult task. This may be especially true for older adults who grew up in a time when there was a remarkable stigma associated with mental health issues. According to the American Psychological Association, people 65 years of age and older are the fastest growing segment of the U.S. population, and it is anticipated that the number of older adults with mental and behavioral health problems will almost quadruple, from 4 million in 1970 to 15 million in 2030. This section identifies some of the special issues that may contribute to depression in seniors and information and resources that can help. You will find:

- Links to educational materials you may find helpful in your practice
- Links to local organizations that offer a variety of resources and support

Patient Education Tools:

**CDC - Depression is Not a Normal Part of Growing Older:** The Centers for Disease Control and Prevention describe why depression is not a normal part of aging, include tips on how to determine if a person is experiencing depression, discuss why depression is different for older adults, and provide resources on how/where to find help.

**APA - Depression and Suicide in Older Adults Resource Guide:** This resource guide from the American Psychological Association provides background on the issues of depression and suicide in older adults, and provides links to journal articles, books, reports, and resources for consumers on the topic.

**APA - Psychotherapy and Older Adults Resource Guide:** This resource guide from the American Psychological Association provides background on the use of psychotherapy as a treatment modality in older adults, either alone or in conjunction with medication or other treatments, and provides links to journal articles, books, reports, and resources for consumers on the topic.

Websites

Overcoming Geriatric Depression  
[http://www.ec-online.net/Knowledge/SB/SBdepressionovercoming.html](http://www.ec-online.net/Knowledge/SB/SBdepressionovercoming.html)

Older Adults: Depression Facts  

Depression and Suicide in Older Adults Resource Guide  

Depression in Older Adults & the Elderly: Recognizing the Signs and Getting Help  
[http://www.helpguide.org/mental/depression_elderly.htm](http://www.helpguide.org/mental/depression_elderly.htm)

Royal College of Physicians: Depression in Older Adults  
[http://www.rcpsych.ac.uk/mentalhealthinformation/mentalhealthproblems/depression/depressioninolderadults.aspx](http://www.rcpsych.ac.uk/mentalhealthinformation/mentalhealthproblems/depression/depressioninolderadults.aspx)
References


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