

LifeBridge Physician Network Care Path *Depression, Substance Abuse*

June 26, 2015

LBPN Care Path Aim: *To develop and implement standard protocols, based on the best evidence, that provide a consistent clinical experience for LifeBridge Health patients and allow us to quantitatively demonstrate to payers the high-value care we provide.*

Key Points:

For Depression

- ✓ Use PHQ-2 questions to screen patients 12 and older for depression. If screen is positive, perform full PHQ-9 questionnaire.
- ✓ Document results of screening and your follow-up plan.
- ✓ Manage/Refer patients.

For Substance Abuse

- ✓ *Adult patients:* Use AUDIT-10 and DAST-10 questionnaires to screen patients.
- ✓ *Pediatric patients:* Use CRAFFT questionnaire
- ✓ Document results of screening and your follow-up plan.
- ✓ Manage/Refer patients.

WHY? Rationale for Depression and Substance Abuse Focus

- Depression is the most common psychiatric disorder and the most common mental health condition among patients seen in primary care. In the absence of screening, it is estimated that only 50% of patients with major depressive disorder are identified.ⁱ
- Depression is common among patients with chronic medical illness. Studies have demonstrated that depressive symptoms in primary care patients impact chronic condition self-management, adherence to medication regimens, functioning, and health care costs.ⁱⁱ
- Excessive alcohol consumption is associated with considerable morbidity and mortality and substantial economic costs. It is estimated that alcohol use is responsible for 100,000 deaths annually and a \$100 billion cost. Primary care physicians provide routine care for a large number of patients with alcohol problems; prevalence rates range from 2% to 29% in ambulatory patients.ⁱⁱⁱ

WHAT? Evidence-Based Recommendations

FOR DEPRESSION

I. *Screening and Diagnosis:*

1. **Initial Screen (PHQ-2).** Identify patients you think may be depressed through the medical interview and/or the following **two-question screen**. Ask:

“During the past month, have you often been bothered by:”

1. Little interest or pleasure in doing things __ Yes __ No
2. Feeling down, depressed or hopeless? __ Yes __ No

Scoring:

- If patient’s response is “Yes” to either question, use *PHQ-9 questionnaire*.
- If patient’s response to both questions is “No,” the screen is negative.

2. PHQ-9 Patient Questionnaire.

- Use this validated, 9-question patient survey (see Appendix) to diagnose patients suspected of depression. The first two questions are the same as those above and comprise the “PHQ-2.”
- Score results (see scoring tool in Appendix).
- Document score and your follow-up plan (see Key Measures of Performance).

Pediatric Depression Screening: The American Medical Association’s Guidelines for Adolescent Preventive Services (GAPS) and Bright Futures **suggest that primary care providers in pediatric settings begin screening for depression at age 11 and continue to do so annually thereafter.**^{iv} The *PHQ-9* has been strongly supported for its applicability as a screening tool for adolescent depression in primary care as well as in pediatric hospital settings.^v

II. Follow-Up Plan

Follow-up for a positive depression screening should include one or more of the following:

- Additional evaluation for depression
- Suicide risk assessment
- Brief interventions, education, or other follow-up related to the treatment of depression
- Referral to a practitioner who is qualified to diagnose and treat depression
- Pharmacological interventions

Management and Referral (Source: UpToDate):

- Most minor depressive episodes are treated by internists and primary care clinicians, often times in conjunction with counselors. Referral to a psychiatrist should be considered for moderate to severe episodes that are unresponsive to multiple (e.g., two to three) treatment trials. In addition, referral is often indicated for suicidal patients.

- Treatment options for minor depression include watchful waiting, brief interventions, psychotherapy, and pharmacotherapy.
- Randomized trials have found that for major depression, collaborative care (integrated team provides pharmacotherapy and education about depression and teaches behavioral skills for managing it) is superior to usual care (typically pharmacotherapy), but that minor depression responds equally well to usual care and collaborative care.

FOR SUBSTANCE ABUSE

I. *Screening and Diagnosis:*

For Adult Patients:

“AUDIT-10” for Alcohol Screening: The Alcohol Use Disorders Identification Test (AUDIT), developed in 1982 by the World Health Organization, is a simple way to screen and identify people at risk of alcohol problems. *See Appendix* for questions and scoring. A total score of 8 or more indicates harmful drinking behavior.

“DAST-10” for Drug Screening: The Drug Abuse Screening Test (DAST), developed in 1982 by the Addiction Research Foundation, is a simple way to screen and identify people with problems related to drug abuse. *See Appendix* for questions, scoring, and suggested actions.

For Pediatric Patients:

CRAFFT^{vi} Patient Questionnaire (accepted by the Society for Adolescent Health and Medicine as the gold standard for an in-office drug/alcohol screen for teens)

“During the past 12 months, have you ever:”

C- Ridden in a **C**ar driven by someone, including yourself, who was high or had been using alcohol or drugs?

R- Used alcohol or drugs to **R**elax, feel better about yourself, or fit in?

A- Used alcohol or drugs while you were by yourself or **A**lone?

F- Forgotten things you did while using alcohol or drugs? (Blackouts)

F- Have your **F**amily or **F**riends told you that you should cut down on your drinking or drug use?

T- Gotten into **T**rouble while you were using alcohol or drugs?

Two or more “yes” answers constitutes a positive screen, demanding more in depth exploration.

Key Measures of Performance (aligned with CMS ACO/PQRS/Meaningful Use CQM measures)

1. Screening for Clinical Depression and Follow-Up Plan (ACO #18; NQF #418; PQRS #134)

Domain: Population/Public Health

Cerner PowerChart Ambulatory documentation workflow: Depression Scale Score PowerForm

Numerator: Patients screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.

Denominator: All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period.

2. Depression Remission at Twelve Months (ACO # 40; NQF #710; PQRS #370)

This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.

Domain: Clinical Process/Effectiveness

Cerner PowerChart Ambulatory documentation workflow: In Process

Numerator: Adults who achieved remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than five.

Denominator: Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine during an outpatient encounter.

Provider Tools and Resources

- Tool Kit - MacArthur Foundation Initiative on Depression and Primary Care: http://www.integration.samhsa.gov/clinical-practice/macarthur_depression_toolkit.pdf
- Maryland Value Options Tools and Resources: http://maryland.valueoptions.com/med_hc_professionals.html
- Maryland Value Options 24-hour a Day Consultation and Referral line: **(800) 888-1965**.
- SAMHSA Screening Tools: <http://www.integration.samhsa.gov/clinical-practice/screening-tools#depression>
- LifeBridge System and Community Resource Guide: <http://lbhweb/Main/LifebridgeResourceGuide.aspx>
- UpToDate Patient Information: Depression, The Basics. http://www.uptodate.com/contents/depression-the-basics?source=search_result&search=depression&selectedTitle=1~150
- UpToDate Approach to Screening for Depression. http://www.uptodate.com/contents/screening-for-depression?source=search_result&search=depression&selectedTitle=1~150
- UpToDate Approach to Management and Treatment of Depression. <http://www.uptodate.com/contents/unipolar-minor-depression-in-adults-management-and-treatment?source=machineLearning&search=depression&selectedTitle=4~150§ionRank=1&anchor=H222383#H222383>

- UpToDate Treatment for Pediatric Depression: http://www.uptodate.com/contents/overview-of-treatment-for-pediatric-depression?source=search_result&search=depression&selectedTitle=1~150
- UpToDate Substance Use Disorder: <http://www.uptodate.com/contents/substance-use-disorder-principles-for-recognition-and-assessment-in-general-medical-care?source=preview&search=%2Fcontents%2Fsearch&anchor=H34#H34>

LBPB Contributing Experts/Team

- Dr. Jack McDonald, Interim Chair of Psychiatry, LifeBridge Health
- Pete Mumma, Director, Psychiatry, LifeBridge Health
- LBPB Quality Committee

Questions?

If you have questions about this Care Path or would like to connect with a specialist to discuss further, please contact either Dr. Charles Albrecht at 410-601-6340, or David Baker at 410-601-6666.

References

ⁱ <http://www.uptodate.com/contents/depression-in-adults-beyond-the-basics>

ⁱⁱ Ciechanowski PS, Katon WJ, Russo JE. Depression and diabetes: impact of depressive symptoms on adherence, function, and costs. *Archives of Internal Medicine*, 2000, 27:3278-3285.

ⁱⁱⁱ Fiellin DA, Reid M, O'Connor PG. Screening for Alcohol Problems in Primary Care: A Systematic Review. *Arch Intern Med*. 2000;160(13):1977-1989.

^{iv} American Medical Association. Guidelines for Adolescent Preventive Services (GAPS): Recommendations monograph.

^v Allgaier AK, Pietsch K, Frühe B, Sigl-Glückner J, Schulte-Körne G. Screening for depression in adolescents: validity of the patient health questionnaire in pediatric care. *Depress Anxiety*. 2012;29(10):906-913.

^{vi} Knight JR, Shrier LA, Bravender TD et. al. "A new brief screen for Adolescent Substance Abuse." *Arch. Pediatric and Adolescent Medicine* 1999; 153:391.

APPENDIX

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in 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	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, TOTAL:
please refer to accompanying scoring card).

<p>10. If you checked off <i>any problems</i>, how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people?</p>	<p>Not difficult at all _____</p> <p>Somewhat difficult _____</p> <p>Very difficult _____</p> <p>Extremely difficult _____</p>
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PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

PHQ9 Copyright © Pfizer Inc. All rights reserved. Reproduced with permission. PRIME-MD ® is a trademark of Pfizer Inc.

The Alcohol Use Disorders Identification Test (AUDIT), developed in 1982 by the World Health Organization, is a simple way to screen and identify people at risk of alcohol problems.

1. How often do you have a drink containing alcohol?

- (0) Never (Skip to Questions 9-10)
- (1) Monthly or less
- (2) 2 to 4 times a month
- (3) 2 to 3 times a week
- (4) 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

- (0) 1 or 2
- (1) 3 or 4
- (2) 5 or 6
- (3) 7, 8, or 9
- (4) 10 or more

3. How often do you have six or more drinks on one occasion?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

6. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

7. How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

8. How often during the last year have you had a feeling of guilt or remorse after drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

- (0) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year

10. Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?

- (0) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year

Add up the points associated with answers. A total score of 8 or more indicates harmful drinking behavior.



DRUG ABUSE AScreening TEST- DAST-10

These Questions Refer to the Past 12 Months			
1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you abuse more than one drug at a time?	Yes	No
3.	Are you unable to stop using drugs when you want to?	Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5.	Do you ever feel bad or guilty about your drug use?	Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7.	Have you neglected your family because of your use of drugs?	Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10.	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	Yes	No

Interpretation (Each "Yes" response = 1)

<i>Score</i>	<i>Degree of Problems Related to Drug Abuse</i>	<i>Suggested Action</i>
0	No Problems Reported	Encouragement & education
1-2	Low Level	Risky Behavior- Feedback & Advice
3-5	Moderate Level	Harmful Behavior- Feedback & Counseling; Possible referral for specialized assessment
6-8	Substantial Level	Intensive Assessment and referral

Drug Abuse Screening Test (DAST-10). (Copyright 1982 by the Addiction Research Foundation. Used with Permission)