

Depression Update

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Kaiser Permanente Riverside  
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Are you Breathing?



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Agenda for Today and Everyday



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### Some Statistics




1 in 5 Americans will be impacted by mental illness during their lifetimes




Depression is the leading cause of disability in the United States among people ages 15-44



\$210.5 B  
Lost earnings per year due to serious mental illness




86% of college students have felt overwhelmed.  
81% of college students have felt exhausted.  
30% of college students have felt too depressed to function.  
6.6% of college students have seriously considered suicide.



Depression ranks among the Top 3 workplace issues in the United States, along with family crisis and stress

1. World Health Organization, 2004 2. Greenberg, P. E., Fournier, A., Sitkin, T., Pike, C. T., & Kessler, R. C. (2010). The Economic Burden of Adults With Major Depressive Disorder in the United States (2005 and 2010). J. Clin. Psychiatry The Journal of Clinical Psychiatry, 50-52. 3. Employee Assistance Professionals Association Survey, 1994



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### What Depression is NOT?

- Depression is NOT...
  - Having a ‘bad day’, a ‘bad attitude’, ‘normal sadness’
  - Part of ‘normal aging’





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### What is Depression?

Depression IS...

- Pervasive depressed mood/sadness; loss of interest/pleasure .... plus lack of energy, fatigue, poor sleep and appetite, physical slowing or agitation, poor concentration, physical symptoms (aches and pains), thoughts of guilt, irritability and thoughts of suicide
- Often chronic (lasting years) or recurrent
- Often complicated by chronic medical disorders, chronic pain, anxiety, cognitive impairment, grief/ bereavement



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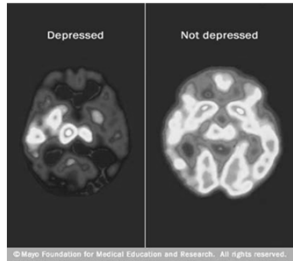
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### What does a depressed brain look like?



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### Risk Factors for Depression

- Personal or family history of depression
- Personal or family history of suicide attempts
- Major medical illness
- Victims of domestic abuse
- Alcohol or other substance abuse
- Minor depression and dysthymic disorder



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### Pagliacci- The Clown

- “Heard joke once: Man goes to doctor. Says he's depressed. Says life seems harsh and cruel. Says he feels all alone in a threatening world where what lies ahead is vague and uncertain. Doctor says, "Treatment is simple. Great clown Pagliacci is in town tonight. Go and see him. That should pick you up." Man bursts into tears. Says, "But doctor...I am Pagliacci.”



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### Possible Drug-Related Causes of Depression

- Anti-hypertensive/CV agents: Beta-blockers, Clonidine, Digoxin, Hydralazine, Methyldopa, Prazosin, Procainamide, Resperine
- Sedative hypnotic agents: Barbiturates, Benzodiazepines, Chloral Hydrate, **Alcohol**.
- Anti-inflammatory agents: Indomethacin, Opiates, Pentazocine
- Steroids: Anabolic Steroids, Contraceptives, Corticosteroids
- Interferon, Accutane



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### Physical Causes or Depression like symptoms

- Thyroid conditions
- Vitamin-D deficiency
- Anemia
- Vitamin-B12
- Whole host of physiological conditions.
- Whole host of environmental and social conditions.



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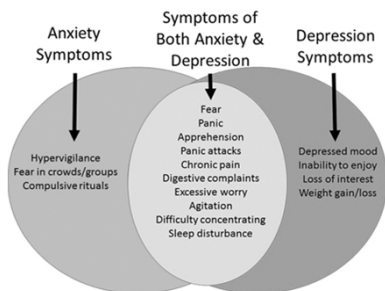
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### Depression and Anxiety



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### Depression and Social Media

- Study after study shows the effect of social media on:



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### Why change depression care?

- HEDIS metrics
  - AMM – antidepressant medication monitoring
    - 3 month med adherence
    - 6 month med adherence
  - PHQ-9 at time of diagnosis
    - Measure symptom severity
    - Guide appropriate care
- Optimize treatment
- Improve patient outcomes
- Important to our employer customers that want to make sure their employees can access behavioral health care



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### It is BEST Practice

- Studies show it improves patient’s mental and physical outcomes<sup>1</sup>
- IMPACT trial showed that collaborative care was more significant than usual care for depression<sup>2,3</sup> in primary care plus cost effective.

– <sup>1</sup>Woltman, E. et al. "Evidence-based Psychiatric Treatment", American Journal of Psychiatry 2012; 169:790-804  
– <sup>2</sup>IMPACT RCT, "Collaborative Care Management of Late-life Depression in the Primary Care Setting", American Medical Association, 2002  
– <sup>3</sup>Long-term Cost Effects of Collaborative Care for Late-life Depression", NIH/American Journal of Managed Care, 2008

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### COMPASS

Collaborative Care Model for Patients with Depression and Diabetes and/or Cardiovascular disease (COMPASS)

One of the largest evaluation of the Evidence-based large-scale multisite collaborative care model for patients

- Eighteen care systems
- 172 clinics
- Eight States
- 3,609 Medicare and Medicaid patients enrolled

Rosson, RC, et al., *Impact of a national collaborative care initiative for patients with depression and diabetes or cardiovascular disease*. Gen Hosp Psychiatry. 2016 Aug; 18




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### COMPASS continued..

Targeted outcomes:

- i. Depression remission and response (assessed with the Patient Health Questionnaire-9)
- ii. Control of diabetes (assessed by HbA1c) and blood pressure.
- iii. Patients and clinicians were surveyed about satisfaction with care




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### COMPASS continued ..

Of those with uncontrolled disease at enrollment:

- 40% achieved depression remission or response
- 23% glucose control
- 58% blood pressure control during a mean follow-up of 11 months.
- Patients and clinicians were satisfied with COMPASS care.




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### Depression Care Program at Kaiser

- Regionally funded and supported
- Team consists of:
  - Assessment Specialists
  - Treatment Specialists
  - Support Coordinators
  - Primary Care champion
  - Psychiatry champion



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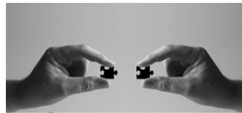
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### Collaborative Approach

- Identify patients in Primary Care via screening
- Referral to Depression Care
- Assessment/ Treatment
- Consultation with Psychiatry, if needed
- Referral to Psychiatry, if needed



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### When to Assess/Screen

- POE
- History of Depression
- Patient complains of Depression
- 1 year since last PHQ9
- Patient on Antidepressants



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### How to Screen

- Use a PHQ9 questionnaire





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### What is a PHQ9?

- PHQ9 – Terrific Tool and Easy to Use
  - Tracks the nine core symptoms of depression
  - Easy to use
  - People respond positively
  - Can be administered many ways
  - Teaching tool
  - Evaluates treatment response
- Available in different languages:  
<http://www.phqscreeners.com/>



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### Administering PHQ9

Order entry

- Can be distributed by trained staff (MA or above)
- Can be handed to patient while they wait
- Can be e-mailed to patient
- Results discussed and evaluated by trained clinician (RN and above)



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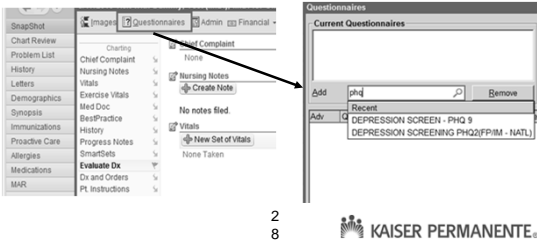
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## Accessing the PHQ-9 Questionnaire

1. Click on the Questionnaire link from the Notewriter screen
2. Enter "phq" in the Add field
3. Use 101133




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## Importing PHQ-9 Score

✦ In the Notewriter, use dot phrase, .phq9 to import the PHQ-9 scores into your encounter note




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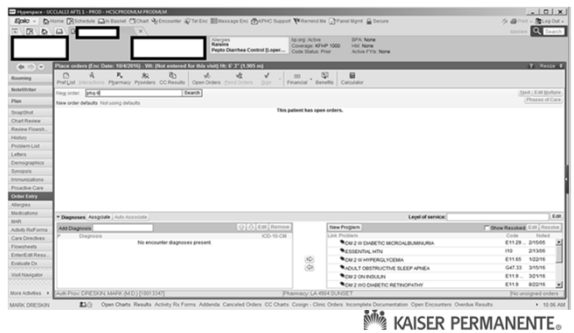
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## How to order a PHQ9




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### How to order PHQ9

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### How to order PHQ9

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### Interpretation of Total Score

- **Total Score**      **Depression Severity**
- **0-4**                **None**
- **5-9**                **Mild**
- **10-14**             **Moderate**
- **15-19**            **Moderately Severe**
- **20-27**            **Severe**

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**What to do now?**

PHQ9 = 0-4 → **No depression**  
– Encourage exercise and activity

PHQ9 = 5-9 → **Mild Depression**  
– Referral to Health Education (Stress and Emotional Health/Mind/Body program)  
– Advise Patient to attend Health Education Class  
– Encourage exercise and activity

PHQ9 = 10-19 → **Moderate – Moderately-Severe Depression**  
» Refer to Pop Care via Tapestry

PHQ9 = 20+ → **Severe Depression**  
– Refer to Psychiatry  
– Self refer (provide phone numbers)

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**When to refer?**

- You start someone on antidepressants
- Patient has a history of depression
- Patient does not want to try antidepressants
- Patient wants help managing “life”
- In your assessment, a person who could use our help.
- PHQ9

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**How to refer**

- **Tapestry referral**
- Order “referral Population Care” and for reason select “Depression Care Management Program”.

- Job aid “How to enter a Tapestry referral”

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### Referral to Depression Care




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### Depression Care Manager

- Educates the patient about depression
- Supports antidepressant therapy prescribed by the patient's primary care provider if appropriate
- Coaches patients in behavioral activation and pleasant events scheduling
- Offer a brief (six-eight session) course of counseling, such as Problem-Solving Treatment in Primary Care
- Monitors depression symptoms for treatment response
- Completes a relapse prevention plan with each patient who has improved




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### Resources

- One on one appointments
- Telephonic appointments
- Video/ Skype visits
- Mood Helper©
  - Interactive home based cognitive behavioral therapy program.




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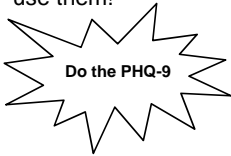
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### Take home messages

- Obtaining a PHQ-9 at the time of the visit allows providers to provide more individualized care
- We have a fantastic Depression Care team waiting to support providers and patients – let's use them!




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### Additional Self-Care & Educational Resources

- Health Education Classes via Center for Healthy Living
- KP Knowledge Connection/Clinical Library
- On-line resources - KP.org
- Wellness coaching
- Depression Training Module (EMMI)




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### Questions ???



"Each 8-ounce serving contains the minimum daily requirement of vitamins, minerals and antidepressants."




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