Treating Patients with Depression Using Coordinated Medication Management

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Good Afternoon!

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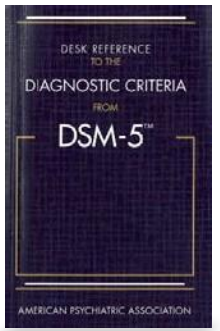
Learning objectives

1) Improve the accuracy of diagnosing depression
2) Optimize the use of depression screening tools
3) Understand medical management of depression
4) Understand the HEDIS Antidepressant Medication Management (AMM) measure


Depression

Depressive Disorders

- Major Depressive Disorder
- Disruptive Mood Dysregulation Disorder
- Persistent Depressive Disorder (Dysthymia)
- Premenstrual Dysphoric Disorder
- Substance/Medication-Induced Depressive Disorder
- Depressive Disorder Due to Another Medical Condition
- Unspecified Depressive Disorder




GEEK

Psychosomatic Disorders

▪ Somatoform and Pain Disorders	▪ Subjective experience of many physical symptoms, with no organic causes
▪ Psychosomatic Disorders	▪ Actual physical illness present and psychological factors seem to be contributing to the illness
▪ Malingering	▪ Deliberate faking of physical symptoms to avoid an unpleasant situation, such as military duty
▪ Factitious Disorder	▪ Deliberate faking of physical illness to gain medical attention

How much is depression playing a role?


How ya doing, Kiddo?
Actually, I haven't been feeling so well lately.
My shoulders are killing me. I keep getting this crazy headache that comes and goes, my guts are constantly trying to remove themselves from my body, and I have absolutely no energy.
So... You're sad?
Either that, or my body hates me.

Why is Identification of Depression Difficult?

- General reluctance of patients to seek care for mental health problems complicates the diagnosis of mental illness.
- 40% of patients with MDD do not want, or perceive the need, for treatment.
- Patients consistently underreport emotional issues to their physicians.
- One study found that only 20% to 30% of patients with emotional/psychological issues reported these to their primary care physicians.

Why is Identification of Depression Difficult?

- Many patients somaticize their psychological issues.
- One in three patients who go to the emergency department with acute chest pain is suffering from either panic disorder or depression.
- 80% of patients with depression initially present with physical symptoms such as pain, fatigue, or worsening symptoms of a chronic medical illness.
- Although this type of presentation creates a challenge for primary care physicians, these patients are not likely to seek care through the mental health system.

Why is Identification of Depression Difficult?

- Mental health issues are frequently unrecognized and, even when diagnosed, are often not treated adequately.
- Recognition and treatment of mental illness are significant issues for primary care physicians, especially since they provide the majority of mental health care.
- In a recent national survey of mental health care, 18% sought treatment during a 12 month period, with 52% occurring in the general medical (all primary care) sector.

Prevalence of Psychiatric Disorders in Low-Income Primary Care Patients

Psychiatric Disorder	Low-Income	General Primary Care Population
>=1 Psychiatric Disorder	51%	28%
Mood Disorder	33%	16%
Anxiety Disorder	36%	11%
Alcohol Abuse	17%	7%
Eating Disorder	10%	7%

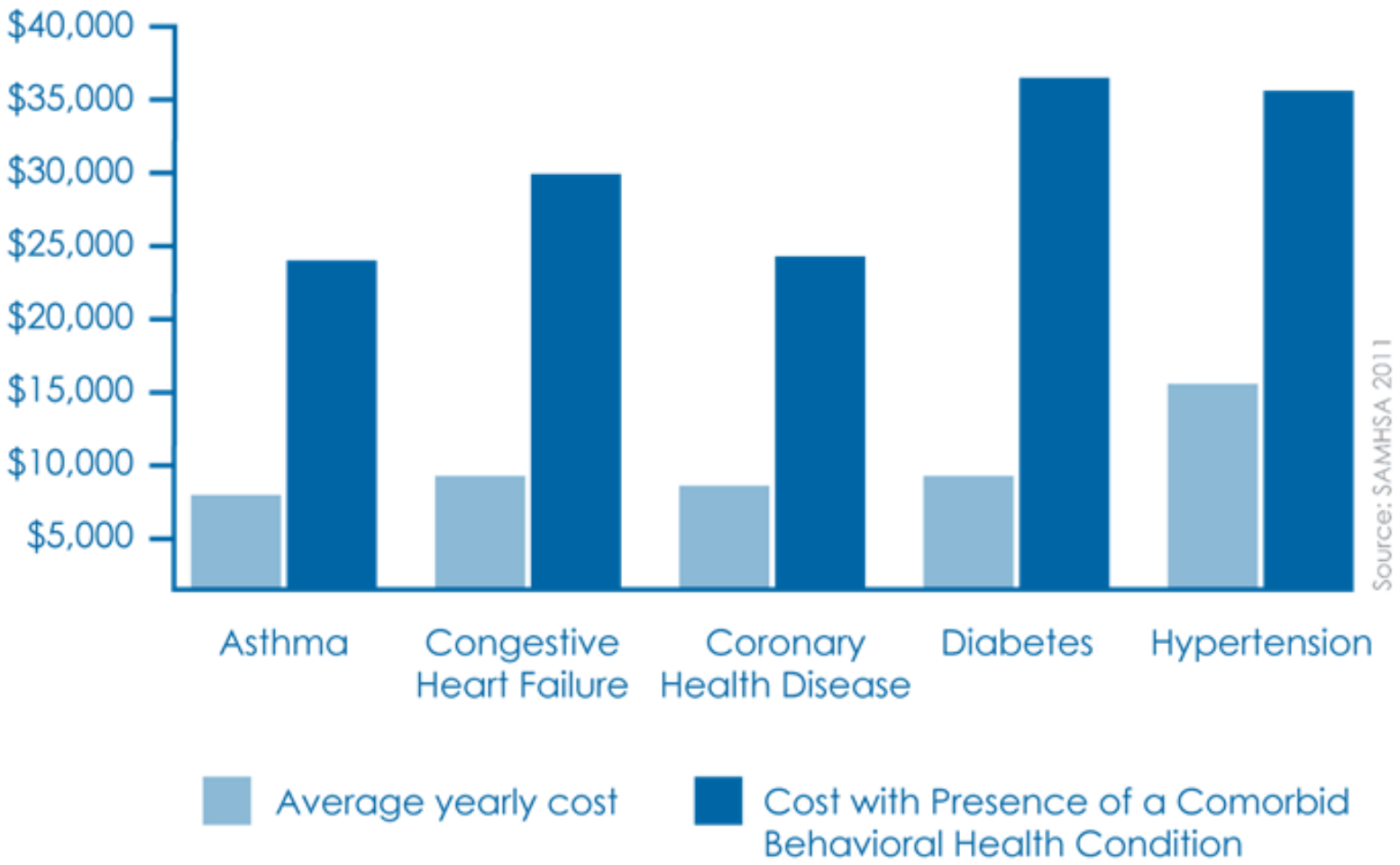
- Only 35% of low-income patients with a psychiatric diagnosis saw their PCP in the last 3 months
- 90% of patients preferred integrated care

Mauksch, et al, Journal of Family Practice, 2001

Six Major Causes of Death in the U.S and Increased Relative Risk in the SPMI Population

- Cardiovascular Disease: 3.4x
- Lung Cancer: 3x
- Stroke (in age < 50): 2x
- Respiratory Disease: 5x
- Diabetes: 3.4x
- Infectious Diseases: 3.4x

Health Care Costs



Depression Overview

- Depression accounts for more than $43 billion in medical care costs.
- The U.S. Preventive Services Task Force recommends **screening** in adolescents and adults in clinical practices that have systems in place to ensure accurate diagnosis, effective treatment, and follow-up.
- It does not recommend ***for or against*** screening for depression in children 7 to 11 years of age or screening for suicide risk in the general population.

Screening: the PRIME-MD story

- The Primary Care Evaluation of Mental Disorders (PRIME-MD)
- Instrument developed and validated in the early 1990s to efficiently diagnose five of the most common types of mental disorders presenting in medical populations: depression, anxiety, somatoform, alcohol, and eating disorders

PRIME-MD

- Patients first completed a one-page, 27-item screener.
- For any disorder(s) a patient screens positive, a clinician asked additional questions using a structured interview guide.

- This 2-stage process took an average of 5-6 minutes of clinician time in patients without a mental disorder diagnosis and 11-12 minutes in patients with a diagnosis.
- A barrier to using this tool was the competing demands in busy clinical practice settings.

Screening Tools: PHQ-2 & PHQ-9

- The Patient Health Questionnaire (PHQ)-2 and PHQ-9 were then developed and are commonly used and validated screening tools.
- If the PHQ-2 is positive for depression, the PHQ-9 should be administered.
- These tools are available in the public domain.

PHQ-2 Questions

- First 2 items of PHQ-9.
- Ultra-brief depression screener.
- Two items scored 0 to 3, for a total score between 0-6

- Over the last 2 weeks, how often have you been bothered by any of the following problems?
  1. Little interest or pleasure in doing things 0 1 2 3
  2. Feeling down, depressed, or hopeless 0 1 2 3

PHQ-9 Questions

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

PHQ-9 Questions

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

If Positive Screening Result

- Further evaluation is needed to:
  - Confirm that the patient's symptoms meet the Diagnostic and Statistical Manual of Mental Disorders' (DSM) criteria for diagnosis
  - Develop a treatment plan
  - Initiate treatment
  - Engage services aimed at improving treatment adherence and outcome
    - AMM (Antidepressant Medication Management)

Facts About Depression

- Eight percent of persons aged >12 years report current depression.[1]
- Females have higher rates of depression than males in every age group.
- 10% females and 6% Males
- Two-thirds of all psychiatric medications are prescribed in primary care settings.[2]
- Approximately 50% of patients in BH programs and 50% of primary care patients prematurely discontinue antidepressant therapy (i.e., are non adherent when assessed at six months after the initiation of treatment).[3]

[1] Morbidity and Mortality Weekly report (MMWR) 2007-2010. www.cdc.gov. Accessed 11.25.15
[2] Mountainview Consulting Group, Inc. 2011. http://primarycareforall.org/wp-content/uploads/2011/05/prmrycare_theory_exam.pdf
[3] Innov Clin Neurosci. 2012 May-Jun; 9(5-6): 41–46.

Treatment without Diagnosis: What's Going On?

- 75% of antidepressants prescribed by non-psychiatrists are done so in the absence of a psychiatric diagnosis[1]
- Possible Reasons:
  - ✓ Depression is expressed in a wide variety of ways
  - ✓ Stigma of mental illness
  - ✓ Lack of psychiatric resources for consultation or support
  - ✓ Unfamiliar with diagnostic codes/specifiers

[1] Health Affairs

Major Depressive Disorder (MDD)

Symptoms: 5 or more of the following (with at least one symptom being either #1 or #2)

1. *Depressed mood most of the day, nearly every day (children & adolescents may be irritable)*

2. *Markedly diminished interest or pleasure in all, or almost all, activities*

3. Significant weight loss or weight gain >5% in a month; or decrease in appetite (in children, need to consider failure to make expected weight gain)

4. Insomnia or hypersomnia

5. Psychomotor agitation or retardation (often observed by others)

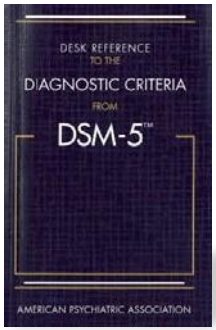
Major Depressive Disorder

6. Fatigue or loss of energy
7. Feelings of worthlessness or excessive/inappropriate guilt
8. Diminished ability to think or concentrate, or indecisiveness
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or suicide attempt or a specific plan for committing suicide

Major Depressive Disorder

- The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

- The episode is not attributable to the physiological effects of a substance or to another medical condition.



Medications with Depressive Side Effects

- ❑ Cardiovascular Medications (Beta-blockers, calcium channel blockers, amiodarone, digitalis)
- ❑ Steroids
- ❑ Sedative-hypnotics
- ❑ Alcohol
- ❑ Stimulants

Medications with Depressive Side Effects

- ❑ Chemotherapy agents
- ❑ Interferon
- ❑ Barbiturates and Anticonvulsants
- ❑ Statins
- ❑ Estrogens

Medical Mimics of Depression

Mimicking Condition	Symptoms	Differentiators
Anemia	Fatigue Apathy	Hemoglobin Hematocrit, B12/Folate
Hyperthyroidism/ Hypothyroidism	Apathy Depression	Thyroid function tests
Neoplasm	Depression Mood Changes	Medical history CT scan, MRI Ultrasound
Chronic illnesses • TB • HIV • Arthritis	Loss of Appetite Apathy	Medical history Laboratory findings
CNS disease • Parkinson's • Dementia	Depressed Mood Loss of Appetite Apathy	Medical history Neurologic exam Screening cognitive test CT, MRI

After Your Assessment

- You've screened for depression, and
- Determined that the patient's presentation meets the criteria for a depressive disorder, and
- You have the PHQ-9 score.
- What now?

PHQ-9 Scores and Proposed Interventions

PHQ-9 Score	Symptoms	Intervention(s)
0-4	None/Minimal	No Intervention
5-9	Mild	Watchful Waiting Repeat PHQ-9 at Follow-Up
10-14	Moderate	Treatment Plan Consider Counseling Follow-Up and/or Pharmacotherapy
15-19	Moderately 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 MH Specialist for Collaborative Management

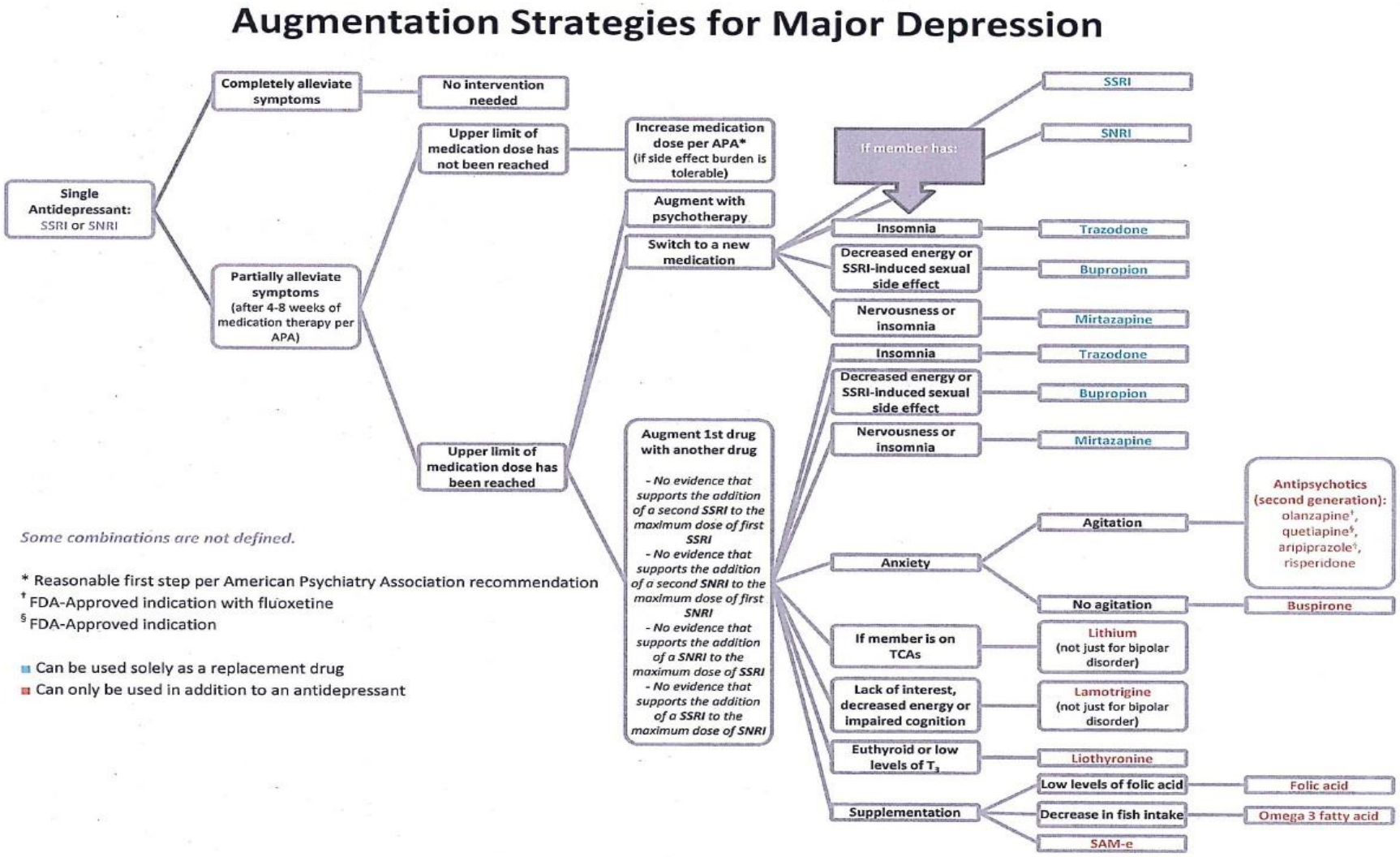
Treatment Options for Depression

- Antidepressant Medications
  - TCAs, SSRIs, SNRIs,Bupropion, Mirtazapine and MAOIs
  - Augmentation with mood stabilizers
- ECT, rTMS
- Psychotherapy
- Combination of therapies

Antidepressant Initiation and Titration

- Patient Education:
  - Initial and treatment emergent side effects
  - Consider ‘value’ of side effect in medication choice
- Monitor closely
- Start low and go slow
- Allow adequate time for response
- Cross taper if medication change is required
- Discontinuation syndrome

Augmentation Strategies for Major Depression



"Augmentation Strategies for Depression." Harvard Health Publications, 1 Dec. 2010. Web. 30 May 2012. http://harvardpartnersinternational.staywellsolutionsonline.com/HealthNewsLetters/69,M1210a

PL Detail-Document, Antidepressant Combinations. Pharmacist's Letter/Prescriber's Letter. July 2011.

Treat-to-Target

- Concept used in designing therapeutic strategies, with treatment modalities oriented towards achieving a well-defined, clinically relevant end-target.
- Dynamic and responsive treatment plan that guides adjustments in the administration of an intervention and facilitates target achievement.
- PHQ-9 scores decrease by 50% (on average):
  - 4 weeks for research use
  - at 4-12 weeks for clinical use

What Can Be Done to Improve Patient Adherence to Treatment?

- Engage the patient collaboratively in the development of his/her treatment plan.

- Educate the patient on important issues that impact adherence, such as:

  - ✓ How long will it take for the medication to work?
  - ✓ How long should the patient expect to take the medication?
  - ✓ Why is it important to continue the medication?
  - ✓ What should the patient do if he/she has questions, possible side effects or concerns?

Patients Also Benefit from:

- Information about common side effects,
- How long the side effects may last, and
- How to manage those side effects.

This information should be simple and specific.

Medication Monitoring

- The American Psychiatric Association (APA) and the Agency for Healthcare Research and Quality (AHRQ) adopted evidenced based standards for the treatment of depression in adults.[1]

- The best outcomes for antidepressant treatment were 84 consecutive days on an antidepressant during the acute phase and

- 180 consecutive days on an antidepressant during the continuation phase of a depressive episode.[2]

[1] US Department of Health and Human Services Agency for Health Care: Policy and diagnosis and treatment. Rockville MD. AHRP publication 93:0552.
[2] Brook OH, van Hout H, Stalman W, et al: A pharmacy-based coaching program to improve adherence to antidepressant treatment among primary care patients. Psychiatr Serv 56: 407-409, 2005.

Medication Monitoring Rationale

- The 180-day standard for antidepressants applies for MDD or for other clinical indications (also chronic/recurrent in nature)
- Such indications include the anxiety disorders (i.e., generalized anxiety, posttraumatic stress, obsessive compulsive, panic, social anxiety), somatoform disorders, anorexia nervosa and bulimia.[1]
- Non-adherence reduces antidepressant effectiveness.
- Providing patients with information about medication adherence, including what to expect from the medications and timeframes for therapeutic effect, has been shown to improve medication adherence.[2]

[1] Pomerantz JM, Finkelstein SH, Berndt ER, et al: Prescriber Intent, off-label usage and early discontinuation of antidepressants: a retrospective physician survey and data analysis. J Clin Psychiatry 65:3 395-404, 2004.
[2] Brook OH, van Hout H, Stalman W, et al: A pharmacy-based coaching program to improve adherence to antidepressant treatment among primary care patients. Psychiatr Serv 56: 407-409, 2005.

Ongoing Assessment for Therapeutic Medication Dosages

- The goal is to improve both patient safety and clinical efficacy

  ✓ by ensuring that patients who receive prescriptions for these antidepressants are prescribed dosages adequate to treat depression

  ✓ without risking untoward side effects or toxicity.

Dosage Level Monitoring Rationale

- The majority of depressed people are not treated with at least the minimally effective dose.[1]

- 1 in 5 depressed persons receives what evidence-based guidelines would consider minimally adequate treatment (64.3% of those treated in the MH sector, and 41.3% of those treated in the general medical setting).[2]

- A patient maintained for longer than a month on a sub-therapeutic dose is essentially untreated: this exposes the patient to side effects but makes it unlikely that he/she will receive any therapeutic benefit.

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[1]Corruble E, Guelfi JD: Does increasing dose improve efficacy in patients with poor antidepressant response: a review. Acta Psychiatrica Acandinavica 101:343-348, 2000.

[2] Olfson M, Marcus SC, Druss B, et al: Prescribing trends in the outpatient treatment of depression. JAMA 287:203-209, 2002

Antidepressant Medication Management (AMM)

- The Healthcare Effectiveness Data and Information Set (**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.
- **HEDIS AMM Measure**: After an initial diagnosis of depression and prescription of an antidepressant medication, regular follow-up visits are recommended to support patients to:
  - Remain on antidepressant medication for at least 84 days (12 weeks) - Effective Acute Phase Treatment
  - Continue taking antidepressant medication for at least 180 days (6 months) - Effective Continuation Phase Treatment
- Ages: 18 years and older

Antidepressant Medication Management (AMM)

What is the relevance of this measure?

- According to the National Committee for Quality Assurance (NCQA) “State of Health Care Quality 2013” report:
  - Although there are known, effective treatments for depression, less than half of those affected with depression receive treatment.
  - Appropriate dosing and continuation of medication therapy through short-term and long-term treatment of depression decrease its recurrence.
  - Clinical guidelines for depression emphasize the importance of effective clinical management in increasing patients’ medication compliance, monitoring treatment effectiveness and identifying and managing side effects.

Antidepressant Medication Management (AMM)

- ICD-10 Diagnosis Codes
  - F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9
- Billing Codes
  - AMM Stand Alone with Major Depression: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99510
  - AMM Visit with Place of Service (POS) code and Major Depression: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255

Additional Insights

- The prescribers relationship to the patient is essential in patient medication adherence.
- Patient's lack of understanding that antidepressant therapy takes weeks or months to be effective seems the most common reason why patients become non-adherent with antidepressants
- Answering patient questions and letting them know what to expect is key for continued adherence

PCP CONSULTATION LINE

- Beacon's toll-free PCP Consultation Line is staffed by board-certified psychiatrist advisors who are available to discuss all aspects of mental health and substance abuse screening, diagnosis, and treatment—including medication management.

- Available Monday through Friday from 9 a.m. to 6 p.m. ET

- PCPs call the number below and identify themselves as a primary care physician seeking psychiatric consultation services.

(877) 241-5575

www.beaconhealthoptions.com

- Beacon maintains a PCP Toolkit, which provides information regarding decision support, including screening tools and practice guidelines. The PCP Toolkit is available at the following link –

  http://pcptoolkit.beaconhealthoptions.com/

- Prescribers may find that the resources listed on Beacon's website provide helpful medical information about psychiatric conditions and medications.

Questions For You

Beacon is invested in providing education to primary care providers around behavioral health issues.

- What is the best way to provide this education? Webinars, in person trainings, other?
- How do we reach the most appropriate audience?
- What other ideas do you have around provider education?

Questions ?

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Thank you