BEHAVIOR HEALTH IN THE PRIMARY CARE VISIT

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AGENDA

Scope of Need

Importance of Integration

Identifying those at risk

How to screen

When and Where to screen

How to interept the results

Resources for the MCD patient

Billing Implications /Capturing pymt and data

Scope of Need

- **Depression is an economic Burden in the US estimated to cost $210 billion in direct medical costs, lack of workplace productivity and cost of life lost due to suicide**
- **Depression is a main risk factor for suicide which is the 10th leading cause of death in the US**
- **Alabama is ranked 43rd in the US for depression 24.1%**
- **New Jersey 11.8% (1st) W. Virginia 28.8% (50th)**

Healthy people 2030 Goals

- **Baseline: 8.5% of primary care office visits include screening for depression in persons 12 years and older in 2016**
- **Target: 13.5%**
- **Baseline: 41.4 percent of adolescents aged 12 to 17 years with MDEs (major depressive episodes) received treatment in the past 12 months, as reported in 2018**
- **Target: 46.4 percent**
- **Baseline: 64.8 percent of adults aged 18 years and over with MDEs received treatment in the past 12 months, as reported in 2018**
- **Target: 69.5 percent**

IMPORTANCE OF INTEGRATION

Identifying Patients who are at risk

- Falling Grades
  - Other problems ADHD/ Learning disabilities
- Strained Parental relationships
- Recent changes
  - New custody arrangement (DHR/ Foster/ Divorce)
  - Bereavement
- Drug Use
- Strained peer relationships
  - Bullying
  - Puberty Changes
- Several Visits with PCP for non-specific reasons
- Missing School/ COVID

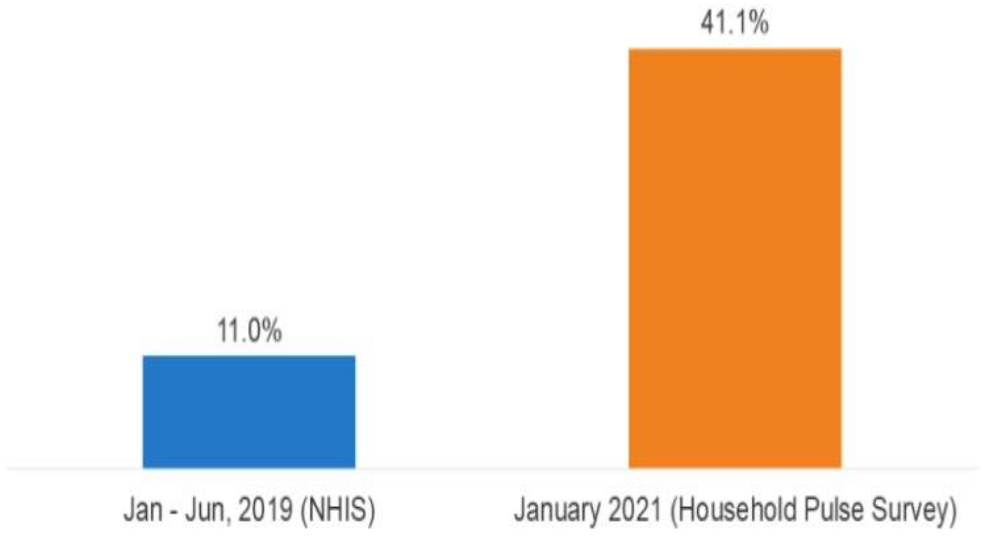
Identifying Patients who are at risk

- Frequent Job Loss/ Changes
  - Other Mental Health problems ADHD, Depression, Bipolar, etc
  - Drugs/ EtOH use
- Strained Relationships
- Abuse
- Drug Use
- Several Visits with PCP for non-specific reasons
  - Headaches
  - Abdominal Pain
  - Weight Loss/ Gain
- Recent changes
  - Bereavement
  - COVID/ Quarantine

A BRIEF WORD ABOUT COVID IMPACT:

Figure 1

Average Share of Adults Reporting Symptoms of Anxiety Disorder and/or Depressive Disorder, January-June 2019 vs. January 2021



NOTES: Percentages are based on responses to the GAD-2 and PHQ-2 scales. Pulse findings (shown here for January 6 – 18, 2021) have been stable overall since data collection began in April 2020.

SOURCE: NHIS Early Release Program and U.S. Census Bureau Household Pulse Survey. For more detail on methods, see: https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf

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Figure 1: Average Share of Adults Reporting Symptoms of Anxiety Disorder and/or Depressive Disorder, January-June 2019 vs. January 2021

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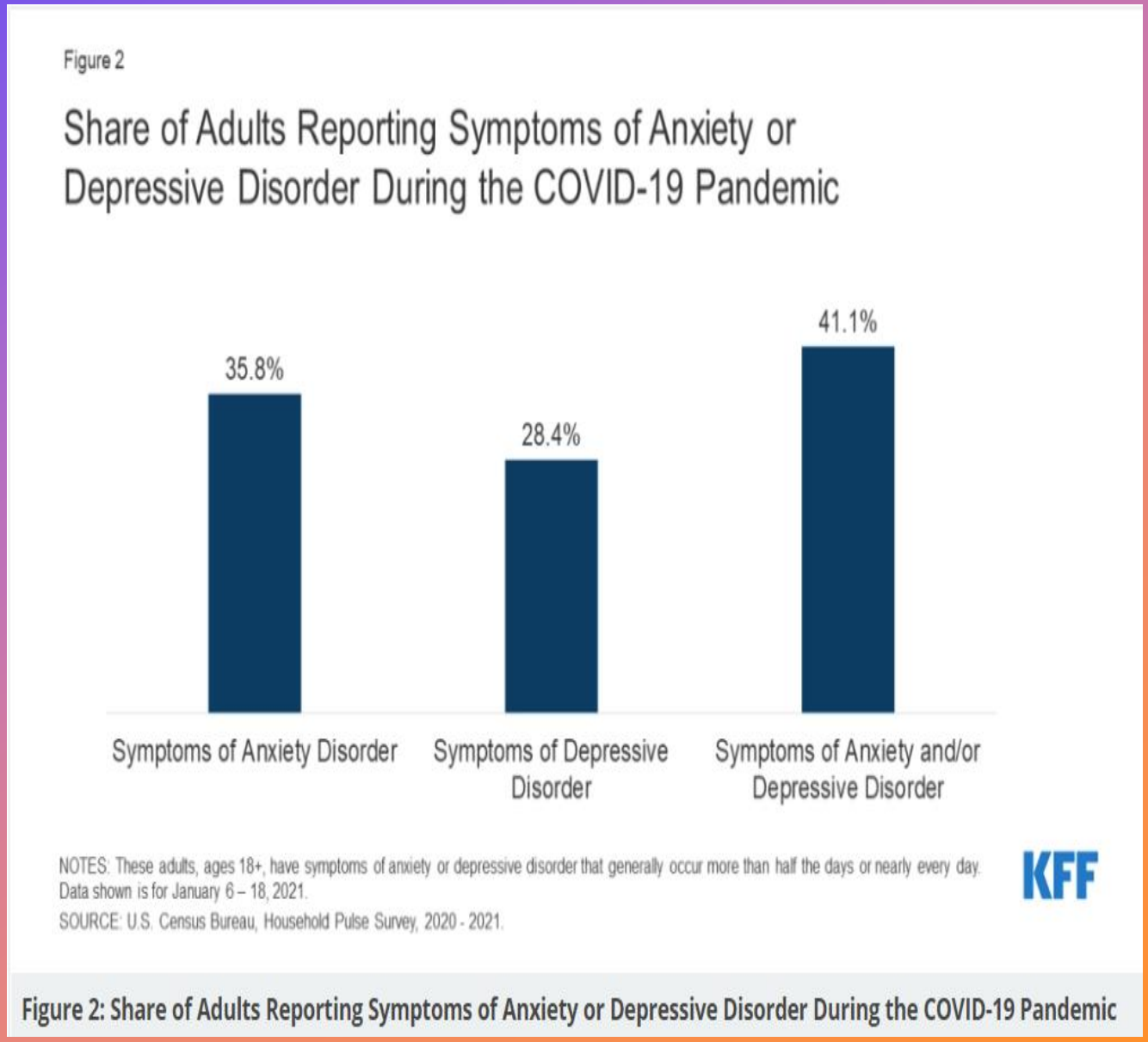
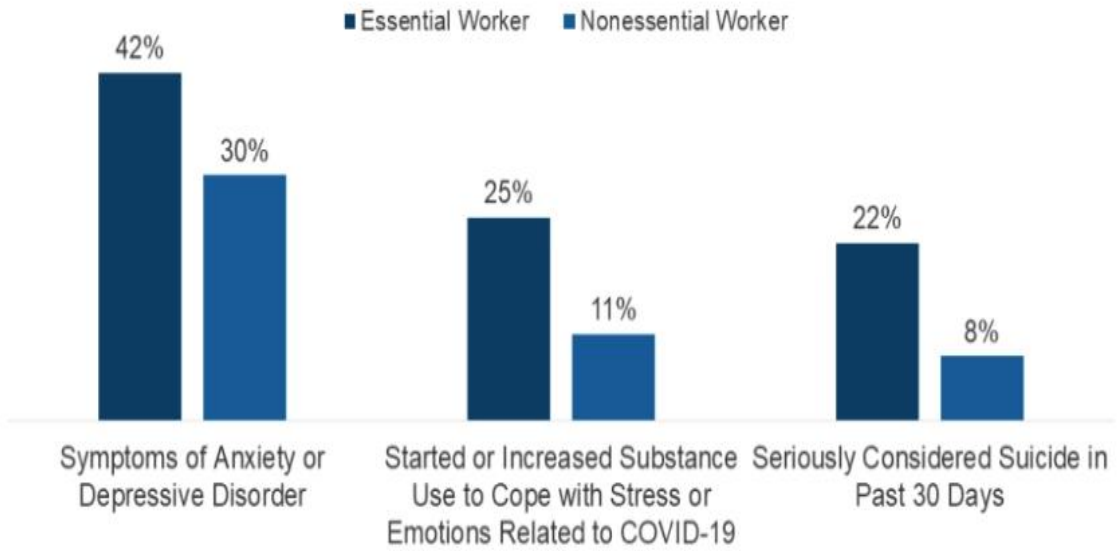


Figure 2: Share of Adults Reporting Symptoms of Anxiety or Depressive Disorder During the COVID-19 Pandemic

A BRIEF WORD ABOUT COVID IMPACT:

Figure 8

Among Essential and Nonessential Workers, Share of Adults Reporting Mental Distress and Substance Use, June 2020



NOTES: Data is among adults ages 18 and above. Essential worker status was self-reported.

SOURCE: Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: http://dx.doi.org/10.15585/mmwr.mm6932a1

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Figure 8: Among Essential and Nonessential Workers, Share of Adults Reporting Mental Distress and Substance Use, June 2020

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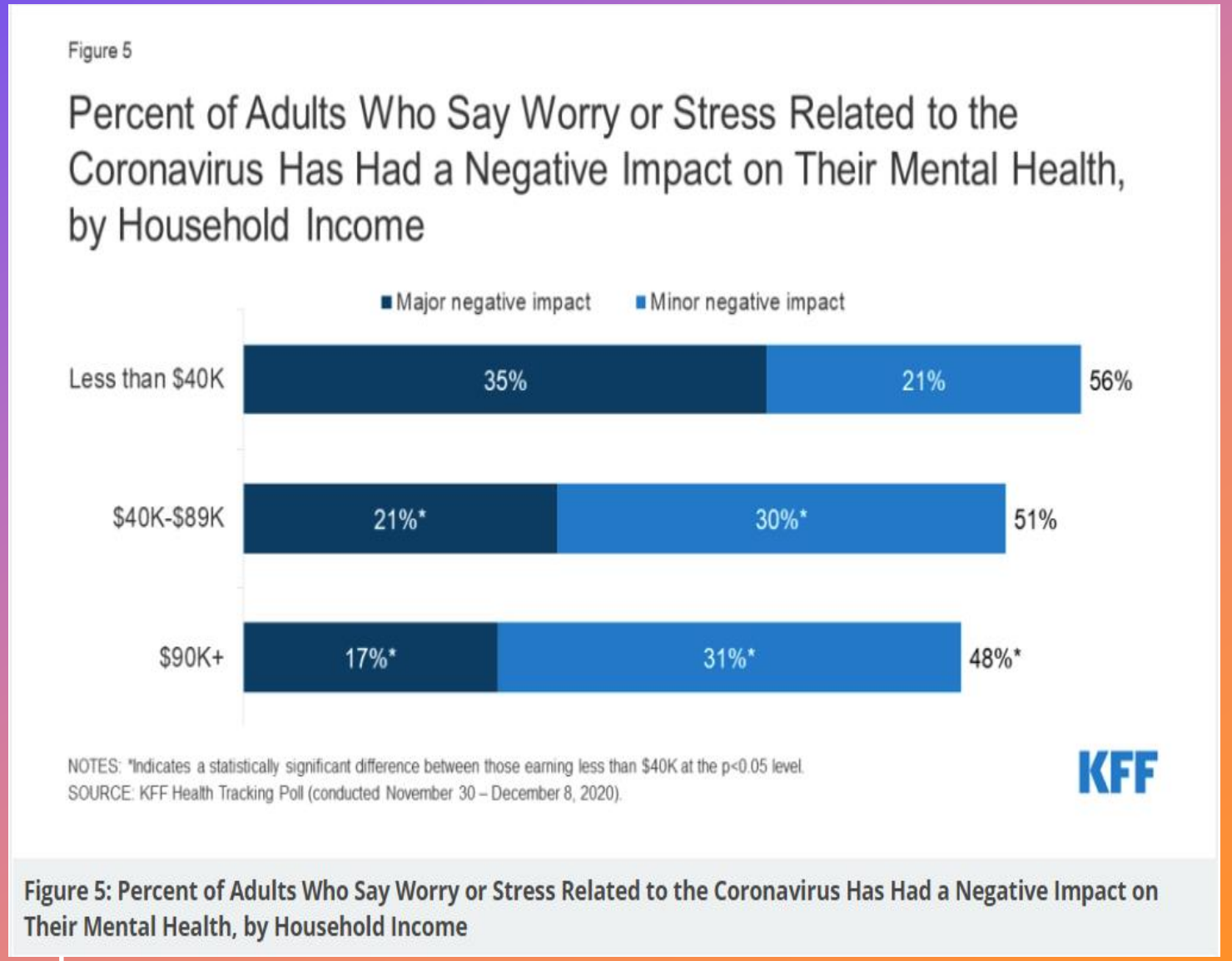
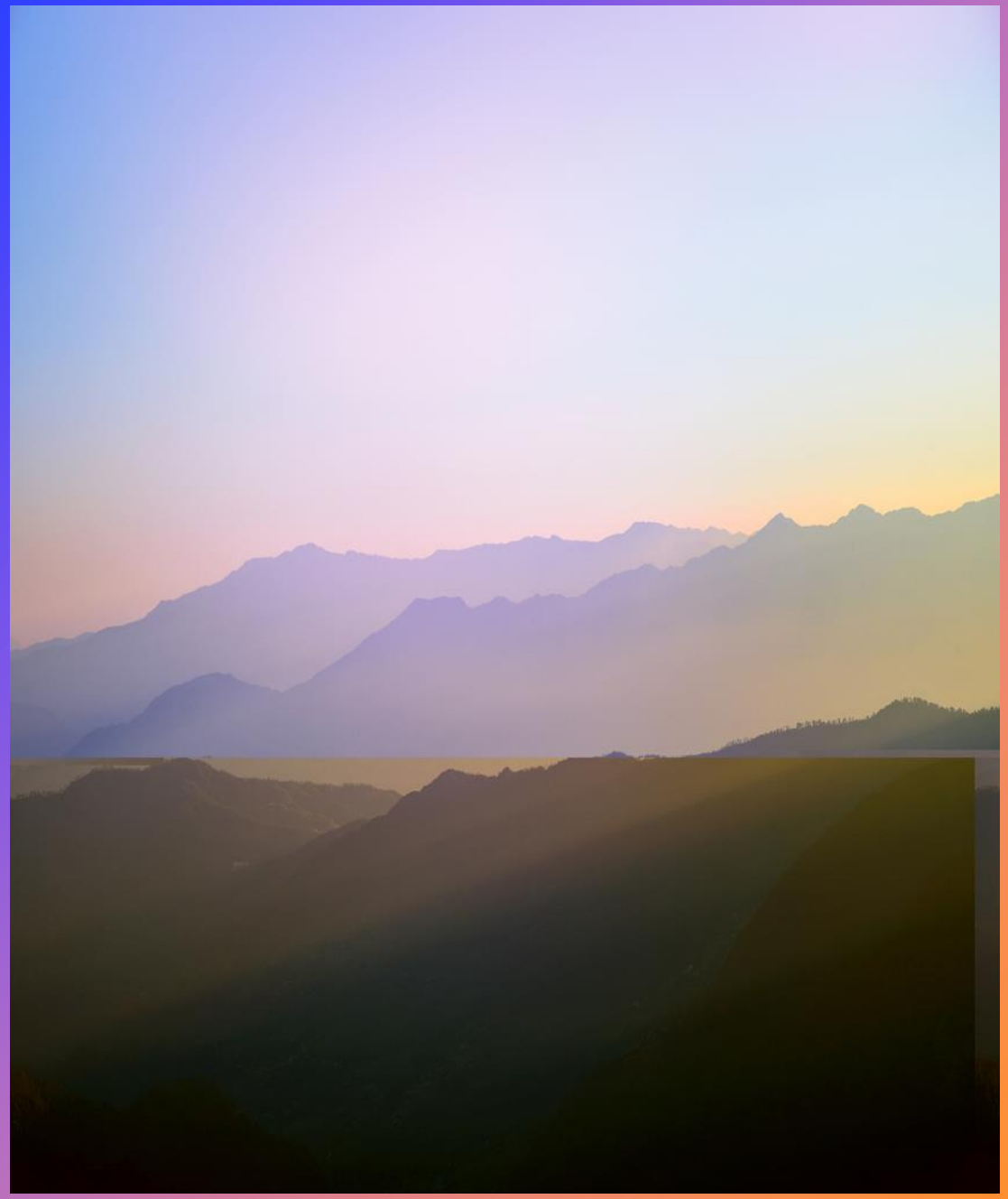


Figure 5: Percent of Adults Who Say Worry or Stress Related to the Coronavirus Has Had a Negative Impact on Their Mental Health, by Household Income

What to Screen For? Why? How?

- **Depression**
- **PCP can make a great impact with brief intervention, treatment and follow-up**
- **Use a screening tool for assessment**



The way to get started is to quit talking and begin doing.

Walt Disney

SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT) FOR DEPRESSION

WHY SBIRT?

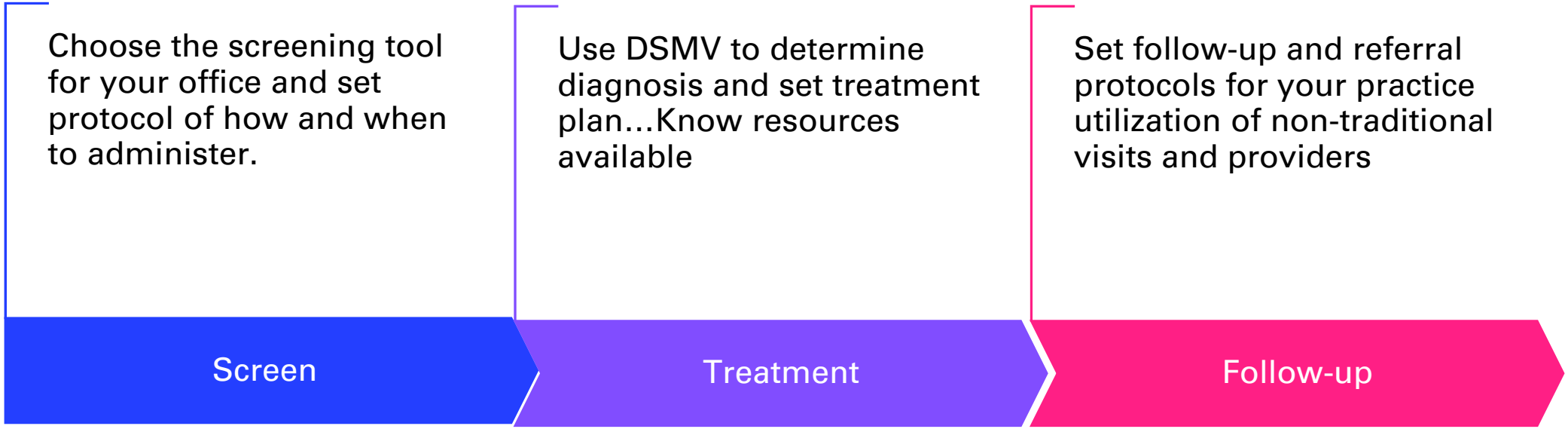
Minimal Time and Maximum Effect

- You can improve your patients' health while lowering the health care costs associated with depression by asking a few simple questions. If the answers are positive, you can intervene briefly and most likely improve their health.

How does it work?

- When patients see you for a health problem or an annual physical, you or your staff simply conduct a quick screen for depression and then, if indicated, provide brief interventions or referral to care.

Fundamentals of SBIRT



Screening

- PHQ9 or 2?
  - Can give PHQ 2 then reflex if positive
  - Easy to give, available in multiple languages, free screening tool, easy to score
- Who gets the questionnaire?
  - Well visits
  - Follow-up (mental health) visits
  - Other visits
  - Concerns that present during the visit (initiated by nurse, provider)
- How is the questionnaire administered?
  - Front office gives to fill out in the waiting room
  - Nurse gives during intake
  - Tablet/ Kiosk
  - Smart phone

	Not at All	Several Days	More than Half the Days	Nearly Every Day	Item Score
1. Little interest 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 TV	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 hurting yourself in some way	0	1	2	3	
				Total/partial Raw Score:	
				Prorated Total Raw Score (if 1-2 items left unanswered):	

Treatment: Determine if the PHQ 9 results are indicative of depression by a brief interview

Notify

Notify the Patient: Let the patient know you are going to ask a few questions and what they are about. “I have just a few questions regarding mental health that are helpful in finding out if it might be affecting your health. This will take only a few minutes.” Putting the patient at ease before firing questions yields a less defensive response.

Tone

Tone of Voice. Using a caring tone so that the patient understands you are on their side.

Privacy

Be Sensitive to the Patient’s Need for Privacy: “Anything you say about your mental health stays between us, so please feel free to be honest when answering my questions.”

Treatment: Determine if the PHQ 9 results are indicative of depression by a brief interview

Empathize	Empathize with the Patient: “I know this is not the easiest topic to talk about, and I appreciate that you are willing to talk with me about it.”
Listen	Listen Reflectively: Paraphrase what you heard from them to let them know you are listening carefully.
Clarify	Clarifications: You can clarify questions as needed, and ask further questions to clarify ambiguous responses. Also, you can provide some support for responding.
Power	Power of a Pause. Pauses are a powerful way to draw people out without asking further questions. After asking a simple question or making a reflective statement, pause and wait patiently. Most people will fill the pause.

DSM 5 Criteria for Depression

Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

Depressed most of the day, nearly every day as indicated by subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful)

Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by subjective account or observation)

Significant weight loss when not dieting or weight gain (e.g., change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day

Insomnia or hypersomnia nearly every day

DSM 5 Criteria for Depression

- Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
- Fatigue or loss of energy nearly every day
- Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
- Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
- Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

DSM 5 Criteria for Depression

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.

The occurrence of the major depressive episode is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.

There has never been a manic episode or a hypomanic episode

SBIRT- Treatment

Key to Scoring PHQ-9*

PHQ-9 Score	Depression Score	Proposed Treatment Actions
0-4	Non-minimal	None
5-9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10-14	Moderate	Treatment plan, considering 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 mental health specialist for psychotherapy and/or collaborative management

*From Kroenke K, Spitzer RL, Psychiatric Annals 2002;32:509-521TRANSLATIONS

SBIRT- Follow-up

Know your resources

- SPEAK App
- National Suicide Hotline
- The Caring House
- Wellstone/ School Based Counseling
- ACHN Resources

When to send for emergency evaluation

- Patients who are currently suicidal/ homicidal need emergent evaluation
- Places for evaluation: ER, PER, Wellstone, Crisis Center

When to see back

- Depends on sxs/ compliance 2-4 weeks
- Always stipulate may return for worsening sxs, medication side effects

Referrals

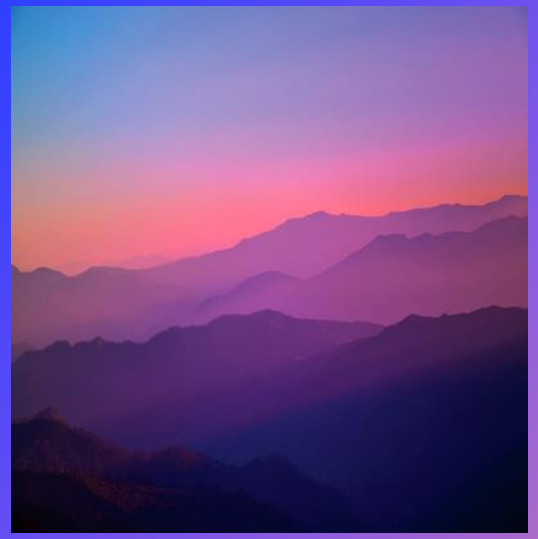
- Counseling
- Psychiatry

Billing Implications

Billing for the screen 96127

+ Screens on well visits consider converting to OV if SBIRT performed generally a 99214/15 visit

Consider follow-ups to be great visits for telehealth can improve compliance and a chance to see in an at home environment



Summary

THANK YOU

Presenter name

Email address

Website