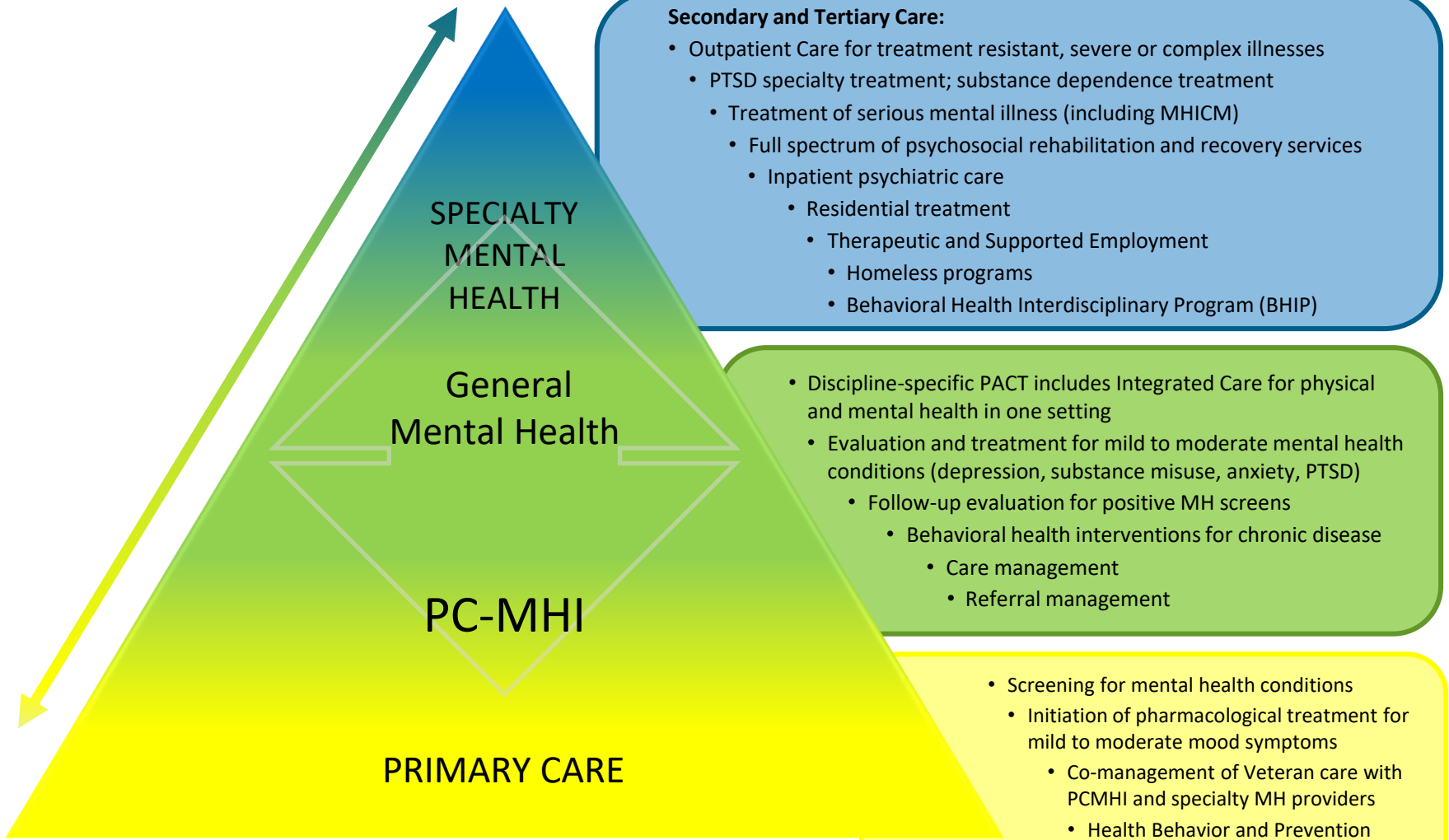
Updates: Depression Management in Primary Care

Alyssa Ford, PCMHI Program Lead
VA Pittsburgh Healthcare System

Agenda

- Refresher: Differential diagnosis of depressive disorders
- Management of mild to moderate depression
- Coding best practices
- New Clinical Reminder/Depression Monitor



Secondary and Tertiary Care:

- Outpatient Care for treatment resistant, severe or complex illnesses
  - PTSD specialty treatment; substance dependence treatment
    - Treatment of serious mental illness (including MHICM)
      - Full spectrum of psychosocial rehabilitation and recovery services
        - Inpatient psychiatric care
          - Residential treatment
            - Therapeutic and Supported Employment
              - Homeless programs
              - Behavioral Health Interdisciplinary Program (BHIP)

- Discipline-specific PACT includes Integrated Care for physical and mental health in one setting
  - Evaluation and treatment for mild to moderate mental health conditions (depression, substance misuse, anxiety, PTSD)
    - Follow-up evaluation for positive MH screens
      - Behavioral health interventions for chronic disease
        - Care management
          - Referral management

- Screening for mental health conditions
  - Initiation of pharmacological treatment for mild to moderate mood symptoms
    - Co-management of Veteran care with PCMHI and specialty MH providers
      - Health Behavior and Prevention
        - Emphasis on wellness

CIH
Center for Integrated Healthcare

Major Depressive Disorder

- Major depressive disorder can be mild, moderate, or severe

- DSM-5 Diagnostic Criteria
  A. Five or more symptoms present during the same 2-week period and represent a change from previous functioning
     1. Depressed mood most of the day, nearly every day
     2. Anhedonia most of the day, nearly every day
     3. Significant weight change (e.g. 5% change in weight, +/-, in a month)
     4. Psychomotor agitating or retardation
     5. Fatigue or loss of energy, nearly every day
     6. Worthlessness or Excessive Guilt, nearly every day
     7. Trouble concentrating or Indecisiveness, nearly every day
     8. Death ideation , suicidal ideation, or suicide plan
  B. Symptoms cause clinically significant distress or impairment in social, occupational, or other important functioning
  C. Episode not due to substance use or other medical condition

PHQ-9

- Helps to establish Criterion A for MDD, *aids* in initial diagnosis
  - Not a diagnostic tool
  - Interview needed to establish other DSM Criteria and rule out other conditions with similar symptoms
- Excellent tool for monitoring current severity of established, valid depression diagnoses
  - Interpretation
    - Subthreshold: Less than 5
    - Mild: 5-9
    - Moderate: 10-14
    - Severe: 15 and higher

Persistent Depressive Disorder (Dysthymia)

- PDD can be mild, moderate or severe
- DSM-5 Criteria
  - A. Depressed Mood most of the day, for more days than not, for at least 2 years
  - B. Presence, while depressed, of 2 or more:
    1. Poor appetite or overeating
    2. Insomnia or hypersomnia
    3. Low energy or fatigue
    4. Low self-esteem
    5. Poor concentration or indecisiveness
    6. Feelings of hopelessness
  - C. There has never been a time during the 2 years that the person was symptom-free for more than 2 months
  - D. Criteria for MDD may be continuously present for 2 years
  - E. Never been a manic/hypomanic episode
  - F. No psychosis
  - G. Not due to substance use or other medical condition
  - H. Cause significant distress or impairment in social, occupational, or other important functioning

Not a depressive disorder

- Feeling sad today
- Feeling tired lately
- 1-2 symptoms of a depressive disorder
- Having been depressed in the past
- Bereavement
- Depressive symptoms due to trauma or adjustment

Depression Management in PC

Step 1→ Screening (PHQ2)

Step 2→ Further assessment (PHQ9+subjective data)

Step 3→ Treatment

Medication
Psychotherapy
Watch and Wait

Step 4→ Monitoring

PHQ-9 at regular intervals

Treatment Setting: PC vs Specialty

Primary Care

- Mild to moderate symptoms, per PHQ-9
- Uncomplicated

Specialty

- Severe
- Complicated by comorbidities, highly advanced age, etc
- Question of mania or psychosis
- Mild to moderate, but two frontline treatments have failed

When in Doubt

- Ask PCMHI

RXing for mild to moderate depression: 2 paths

Option A: You diagnose and prescribe, consult with a PCMHI provider as needed.

Option B: PCMHI Care Management will support you.

- Care Management Team: RN Care Managers, Medical Director (Psychiatrist), & PCMHI Program Lead
- How it works:
  - You refer to PCMHI
  - We assess severity and we diagnose
  - If safe for PC, our psychiatrist makes recommendations about what to start, at what dose to start, and how to titrate
  - You prescribe
  - We follow patient for monitoring and keep you posted.

Coding: Diagnostic Accuracy Matters

- Access to the right level of care at the right time promotes recovery
- Addressing depression appropriately prevents suicide
- Treating mild to moderate depression in Primary Care reserves specialty resources in psychiatry for the patients who need them most
- Underdiagnosis leads to undertreatment and inadequate outreach to at-risk Veterans
- Overdiagnosis leads to tracking people who don't need to be tracked
- ***Bottom Line: DO NOT diagnose a depressive disorder as part of your encounter if a bona fide depressive disorder was not diagnosed OR treated as part of your encounter!***

Depression Monitor reminder

MDD/PDD diagnosis

Must have a PHQ-9 every 4 months

Required in Primary Care and Behavioral Health

Veterans being followed in PCMHI have a PHQ-9 at every visit

Veterans who aren’t depressed—or diagnosed with depression—don’t need to be monitored

FAQ

Q: What if I am unsure whether my Veteran has full blown depression or not?

A: Consult with PCMHI. Do not include a depressive disorder diagnosis in your encounter coding without certainty of diagnosis.

Q: I don't feel comfortable prescribing antidepressants. Can I still send Veterans with mild depression to psychiatry?

A: No. Consult with PCMHI, who will augment your care to promote safety and rapid access.

PCMHI is here to help you and your Veterans!

Coming soon… A Pocket Guide to Antidepressant Prescribing in Primary Care, courtesy of the VAPHS PCMHI Team