

These guidelines are designed to implement standard protocols, based on the best evidence, that provide a consistent clinical experience for AHC II Integrated Clinical Delivery Network patients and allow to quantitatively demonstrate to payers the high-value care provided. They are not intended to replace a clinician's judgment or to establish a protocol for all patients with a particular condition.

## SCREENING AND PREVENTION

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.<sup>i</sup>

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.<sup>ii</sup>

### 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.

## 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
  
2. **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.
  
3. **If depression is suspected, use the following PHQ-9 Patient Questionnaire.**  
 Use this validated, 9-question patient survey to diagnose patients suspected of depression. The first two questions are the same as those above and comprise the "PHQ-2."

Name \_\_\_\_\_ Date \_\_\_\_\_

Over the <i>last 2 weeks</i> , how often have you been bothered by any of the following problems?	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 in some way	0	1	2	3

(For office coding: Total Score \_\_\_\_ = \_\_\_\_ + \_\_\_\_ + \_\_\_\_)

If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all    Somewhat difficult    Very difficult    Extremely difficult

                                          

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**DIAGNOSIS (Continued)**

**4. Score results**

**For initial diagnosis:**

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 3s 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 3s in the shaded section (one of which corresponds to Question #1 or #2)

**Consider Other Depressive Disorder**

- if there are 2-4 3s 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 3s by column. For every 3: 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 3** 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

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**5. Document score**

**COLLABORATIVE MANAGEMENT PLAN/INTEGRATED REFERRALS**

**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.

**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

**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

**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](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](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/screeningtools#depression>
- UpToDate Patient Information: Depression, The Basics. [http://www.uptodate.com/contents/depression-the-basics?source=search\\_result&search=depression&selectedTitle=1~150](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/screeningfor-depression?source=search\\_result&search=depression&selectedTitle=1~150](http://www.uptodate.com/contents/screeningfor-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&sectionRank=1&anchor=H222383#H222383>

## 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-Glöckner 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.