Implementing Depression and Substance Use Screening & Interventions

Pam Pietruszewski
National Council for Behavioral Health

integration.samhsa.gov
Setting the Stage:
Today’s Moderator

Madhana Pandian
Associate
SAMHSA-HRSA Center for Integrated Health Solutions
Slides for today’s webinar will be available on the CIHS website:

www.integration.samhsa.gov

Under About Us/Innovation Communities
Our format...

**Structure**
Short comments from experts
Specifics from their point of view

**Polling You**
Every 20-minutes
Finding the “temperature” of the group

**Asking Questions**
Watching for your written questions

**Follow-up and Evaluation**
Ask for what YOU want or expect
Ideas and examples added to the AOS Resource Center
How to ask a question during the webinar

If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. (left)

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. (right)
Listserv

Look for updates from:

bh_integration_ic@nationalcouncilcommunities.org
Setting the Stage:
Today’s Facilitator

Pam Pietruszewski
Integrated Health Consultant
SAMHSA-HRSA Center for Integrated Health Solutions

integration.samhsa.gov
Agenda

1. Measurement-informed care
2. Screening
3. Interventions
4. Sustainability factors
Measurement-Informed Care: Core Components for Success

1. Systematic administration of screening tool
2. Use of the results to inform treatment
3. Timely follow-up with re-administered screening
4. Population management tracking
5. Team culture of quality improvement using measurement-based coordinated care
Measuring Depression:
• Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented. (Health Center 2014 National Average = 38.8%)

**UDS Performance Measure**

Measuring Substance Use:
• Percentage of patients screened with a standardized tool for substance use.
• Percentage of patients with a positive screen for substance use who received a brief intervention.
• Percentage of patients with a positive screen for substance use who received a brief intervention and are referred to treatment.
Building patient-centered, data-driven systems of care that support depression improvement and reduced substance use risk.

- Self Management Practices
- Health Information Technology
- Evidence Based Screenings
- Treating to Target
- Quality Improvement
Examples of Measurable Clinical Outcomes

- Blood Pressure
- Depression: PHQ-9, Beck, etc
- Anxiety: GAD-7
- BMI
- Hemoglobin A1c
- Pain: Brief Pain Inventory
- Lipids
- Alcohol/Drug Use: AUDIT, DAST, CRAFFT, etc.
Screening

Do you use tobacco?  □ Yes  X No  type: __________

Alcohol consumption:  □ socially  □ moderate  □ heavy

Do you use sunscreen?  □ none  □ daily  X occasionally

Tanning bed use?  □ none  □ current  X previous

Do you have any medical problems or conditions that are not listed?

How are you feeling?
Use a Standardized Tool

- To objectively rate symptoms, intensity, risk level
- To inform treatment/referral best practices
- To measure improvement

“Just another slow paced, mellow day at the office.”
### Translating Substance Use Risk with the AUDIT

<table>
<thead>
<tr>
<th>AUDIT Score</th>
<th>Risk level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-6 (F)</td>
<td>Low risk</td>
</tr>
<tr>
<td>0-7 (M)</td>
<td></td>
</tr>
<tr>
<td>7-15 (F)</td>
<td>Risky</td>
</tr>
<tr>
<td>8-15 (M)</td>
<td></td>
</tr>
<tr>
<td>16-19</td>
<td>Harmful</td>
</tr>
<tr>
<td>20-40</td>
<td>Likely dependence</td>
</tr>
</tbody>
</table>
# Translating Depression Management with the PHQ-9

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>Community Norms</td>
<td>No further action</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild Symptoms</td>
<td>Annual re-screening, Education, reinforcement</td>
</tr>
<tr>
<td>10 – 14</td>
<td>Moderate Symptoms</td>
<td>Medication or counseling, <em>Follow-up at least monthly</em></td>
</tr>
<tr>
<td>15 – 19</td>
<td>Moderate -Severe</td>
<td>Medication and/or counseling, Physical activity, self-management, <em>Follow-up at least every 2-4 weeks</em></td>
</tr>
<tr>
<td>≥ 20</td>
<td>Severe</td>
<td>Medication and counseling, Physical activity, self-management, <em>Follow-up weekly</em></td>
</tr>
</tbody>
</table>

Mitchell, J. et al, Adult Depression in Primary Care Guideline. [www.icsi.org](http://www.icsi.org) Updated September 2013
“This tool is an **objective way** to determine the main symptoms you are having related to your depression.

“These questions help us see how you are doing and where we need to **focus our efforts** to improve your symptoms and daily functioning.”

“These questions serve as a way to **gather additional information** so we can make treatment decisions for your health.”
Healthy Lifestyle Screening
Discussion Questions

1. What is your depression / substance use screening process?
2. How many patients reliably get screened?
3. How do you use screening results to inform next steps?
4. What are the challenges to implementing screening?
Interventions

**Stepped Care**
- Follow-up & treatment adjustments based on measureable targets

**Self-Management Support**
- Help for people with chronic conditions to manage their health on a day-to-day basis
# Using the PHQ-9 to Monitor & Adjust Treatment at 4-6 Weeks

<table>
<thead>
<tr>
<th>PHQ-9</th>
<th>Treatment Response</th>
<th>Treatment Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drop of 5 points from baseline</td>
<td>Adequate</td>
<td>No treatment change needed. Follow-up in four weeks.</td>
</tr>
<tr>
<td>Drop of 2-4 points from baseline</td>
<td>Possibly Inadequate</td>
<td>May warrant an increase in antidepressant dose or increase therapy intensity. Follow up in 2-4 weeks</td>
</tr>
<tr>
<td>Drop of 1 point, no change or increase</td>
<td>Inadequate</td>
<td>Increase dose; Augmentation; Informal or formal psychiatric consultation; Add psychotherapy if not done. Follow up in 1-2 weeks</td>
</tr>
</tbody>
</table>

*Sources: Texas Medication Algorithms and Henry Chung MD, Montefiore Medical Center*
## STAR*D Trials - Rush, 2006

<table>
<thead>
<tr>
<th>Treatment Step</th>
<th>Remission Rate</th>
<th>Weeks to Remission</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Antidepressant</td>
<td>36.8%</td>
<td>6.5</td>
</tr>
<tr>
<td>2. Switch or augment (meds/therapy)</td>
<td>30.6%</td>
<td>5.4</td>
</tr>
<tr>
<td>3. Switch or augment again</td>
<td>13.7%</td>
<td>5.6</td>
</tr>
<tr>
<td>4. Switch or augment again</td>
<td>13.0%</td>
<td>7.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>70%</strong></td>
<td></td>
</tr>
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</table>
## Translating PHQ-9 Depression Scores into Initial Planning

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Self-Management Strategies

Supporting care plan adherence (meds, attending therapy, peer support, etc)

**Depression**
- Schedule pleasant activities to reinforce positive experiences
- Identify potential barriers and mood triggers
- Re-establish routines
- Use MI change talk to facilitate action

**Unhealthy Substance Use**
- Set consumptions goals
- Identify triggers (high risk situations) and create a plan to manage or avoid triggers
- Use MI change talk to facilitate action
Brief Intervention: The Brief Negotiated Interview Format

1. Raise the subject
2. Provide feedback
3. Enhance motivation
4. Develop a plan
Discussion Questions

1. Does treatment depend on who does the intake?
2. If each patient gets different care, how can we ever tell if any proposed improvement is really better?
3. Evidence is strong for formal CBT/IPT. Does your clinic provide this?
4. How many of your clinicians initially engage patients about the relative benefits/costs of behavioral activation vs psychotherapy vs medications vs combinations?
5. What other strategies can be employed to help patients respond to treatment interventions?
6. Do you know how many patients drop out of treatment, when, and why?
7. How many patients get better (response and remission rates)?
Sustainability and Success Factors

- Leadership support (focused reliable leader time, attention and feedback)
- Strong influential long-term clinical champion
- Staff buy-in
- Freeing up all staff to work up to training/experience capabilities and testing expanded roles
- Accountability
**Making It**

- Do all team members have a shared understanding of the objectives & strategy? (How do we know?)
- Can each team member articulate how they contribute and add value to the objectives?
- In what way is data a team member?
- How do we promote positive gossip?
- Who are our rising stars?
Summary

1. Measurement-informed care involves building patient-centered, data driven systems that support targeted conditions and improvement rates.

2. Reliable screening tools objectively rate symptoms, inform intervention best practices and measure progress.

3. Sustaining screening and interventions that are measurement-informed requires accountability, including leadership support and staff engagement.
## Webinar Schedule

<table>
<thead>
<tr>
<th>Webinar Number</th>
<th>Date</th>
<th>Time</th>
</tr>
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<tbody>
<tr>
<td>March #3</td>
<td>Mar. 23</td>
<td>3 - 4pm</td>
</tr>
<tr>
<td>April #4</td>
<td>Apr. 20</td>
<td>3 - 4pm</td>
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<tr>
<td>May #5</td>
<td>May 25</td>
<td>3 - 4pm</td>
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<tr>
<td>June #6</td>
<td>Jun. 22</td>
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<tr>
<td>July #7</td>
<td>Jul. 20</td>
<td>3 - 4pm</td>
</tr>
<tr>
<td>August #8</td>
<td>Aug. 24</td>
<td>3 - 4pm</td>
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Resources

- SBIRT: Training & Other Resources - http://www.integration.samhsa.gov/clinical-practice/sbirt/training-other-resources

