



## Beacon Health Options Depression Screening Program Description

### **Purpose**

The purpose of Beacon's *Depression Screening Program* is to establish a formal process of assessing and ensuring early detection and treatment of depressive disorders to promote optimal health for its members. This screening program is grounded in the elements established by Beacon's depression health management program (DHM), launched in 2008, aimed at improving the health outcomes of people with depression. The DHM program uses a multi-pronged approach to achieve the best possible outcomes based on early identification, timely and personalized practitioner interventions, and ongoing care monitoring and evaluation.

### **Background/Rationale**

The National Alliance on Mental Illness (NAMI) reports that 5-8 percent of adults in the United States, or 25 million people, are affected by depression each year.<sup>1</sup> NAMI's findings additionally reveal that only half of this population receives treatment. Without treatment, the frequency and severity of depression symptoms worsen over time. Major depression that remains untreated has increased potential to result in decline in overall quality of life, in addition to severe consequences, such as, suicide<sup>2</sup>. Depression is also a mental illness that spans globally serving as the leading cause of disability worldwide, as reported by the World Health Organization (WHO)<sup>3</sup>.

According to the Center for Disease Control (CDC), depression can adversely affect the course and outcome of common chronic conditions, such as arthritis, asthma, cancer and diabetes. Not only is depression a standalone chronic disease, it is also proven to be associated with behaviors linked to other chronic diseases. For example, studies conclude that depression is associated with an increased risk for smoking, which is a leading cause for lung disease, and can furthermore, impede smoking cessation efforts. Also as evidence of this, research shows that physical inactivity is a risk factor for depression and, strongly correlated to obesity. Depression can additionally result in work absenteeism, short-term disability, and decreased productivity.

Depression not only affects the person suffering from the illness, but also those who are around them. Interpersonal relationships tend to suffer for those experiencing symptoms of depression. Very few families or friend groups are not affected by their loved one's depression. Relationships outside of the home, such as at school or in the workplace, can also

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<sup>1</sup> *What is Depression?*. (n.d.). Retrieved on August 6, 2014 from National Alliance on Mental Illness: <http://www.nami.org/template.cfm?section=Depression>

<sup>2</sup> *Depression*. (n.d.). Retrieved on August 6, 2014 from Center for Disease Control and Prevention: <http://www.cdc.gov/mentalhealth/basics/mental-illness/depression.htm>

<sup>3</sup> *Depression Key Facts*. (n.d.). Retrieved on August 6, 2014 from the World Health Organization: <http://www.who.int/mediacentre/factsheets/fs369/en/>

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be affected.<sup>4</sup> Effective treatment of depression can help to improve the health of someone who is suffering, as well as repair broken interpersonal relationships.

Beacon's annual BH diagnosis prevalence data demonstrates depressive disorders are consistently the top Behavioral Health (BH) diagnoses each year. The prevalence of depression, along with the cited scientific research regarding the adverse affects of this mental illness, are evidence that a comprehensive screening program is necessary to yield positive health outcomes and reduce costs, by providing timely and effective treatment.

### **Eligible Members**

- All Beacon members (13 years of age and older) receiving BH treatment under the following conditions:
  - Members with a diagnosis of a depressive disorder
  - Members assessed to be at high risk for depression, to include, but not limited to the following<sup>5</sup>:
    - Presence of other psychiatric disorders, to include substance use disorders
    - Presence of a chronic medical disease and/or terminal illness
    - Genetic history
    - Unemployment or lower socioeconomic status
    - Significant life event (stress, injury, trauma, death of a loved one, homelessness, loss of support network)

### **Planned Screenings**

Beacon recognizes that screening is the first step in identifying the appropriate treatment and level of care for members with depression. Screening must be conducted during the initial patient interview, repeated at regular intervals as clinically indicated, and also when depression management programs are in place to ensure effective monitoring and follow-up with the patient. Beacon utilizes clinically validated screening tools within its network. Patient Health Questionnaire (PHQ)-2 and PHQ-9/PHQ-A are brief, multipurpose, self-administered tools for assessing depression, endorsed by the National Quality Forum (NQF). The diagnostic and Statistical Manual of Mental Disorders 4<sup>th</sup> edition (DSM-IV) depression criteria are incorporated with other leading major depressive symptoms into a brief self-report instrument that are commonly used for screening and diagnosis, as well as selecting and monitoring treatment.<sup>6</sup>

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<sup>4</sup> *An Estimated 1 in 10 U.S. Adults Report Depression.* (n.d.). Retrieved on August 18, 2014 from Centers for Disease Control and Prevention : <http://www.cdc.gov/Features/dsDepression/>

<sup>5</sup> Guidelines to Clinical Preventative Services: Depression in Adults (n.d.). Retrieved on August 18, 2014 from the Agency for Healthcare Research and Quality: Patients who screen positive with the PHQ-2 should be further evaluated with the PHQ-9 tool<sup>5</sup>.

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- **PHQ-2:** The sole purpose of PHQ-2 is to screen for depression, encompassing only the first two questions of the PHQ9, identifying the degree to which an individual experienced depressed mood and anhedonia over the past two weeks. To access the PHQ-2 screening tool, click [here](#).
- **PHQ-9:** The PHQ-9 is used to screen for depression, but is also valid for the assessment of depression severity. Thus, when used successively during a treatment episode, the PHQ-9 is a practical means to quantitatively monitor the patient's response to depression treatment<sup>7</sup>. To access the PHQ-9 screening tool and available in over 30 languages, click [here](#).
- **PHQ-A:** The PHQ-A is a modified version of the PHQ-9 sensitive to the adolescent experience of depression that is an acceptable and efficient tool for early detection and recognition of mental disorders in this high-risk group.<sup>8</sup> To access the PHQ-A screening tool, click [here](#).
- **Screening Frequency:** The Agency for Healthcare Research and Quality (AHRQ) reports that there is no known optimal screening interval and the tool can be administered repeatedly to measure treatment progress. The frequency of readministration should be determined by the treatment BH clinician. In those instances where the primary care provider is administering, the PHQ9/PHQ-A the Point of Care Guidelines of the American Family Physician recommends that the PHQ-2 be used as a screening instrument for use during a routine intake or annual examination<sup>9</sup>. Patients who screen positive with the PHQ-2 should be further evaluated with the PHQ-9/PHQ-A tool<sup>10</sup>. For all treaters, the PHQ-9/PHQ-A tool should also be utilized at the discretion of the provider when the member meets any of the criteria in the eligible members section above.

### **Conditions Required for Screening**

*A screening must be performed when the following condition(s) or circumstance(s) exist:*

- All adolescents and adults in BH treatment that meet the depressive diagnosis or members at high risk as defined in the eligible members section above.
- Members who self-identify.
- Members identified by the health plan.

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<sup>6</sup> *Patient Health Questionnaire* (PHQ-9 & PHQ-2). (n.d.). Retrieved on August 11, 2014 from the American Psychological Association: <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health.aspx>.

<sup>7</sup> Pinto-Meza A, Serrano-Blanco A, Peñarrubia M.T, Blanco E, Haro JM (2005) Assessing Depression in Primary Care with the PHQ-9: Can It Be Carried Out over the Telephone? *Journal of General Internal Medicine*, 20, 8, 738-742. Retrieved 5/21/14.

<sup>8</sup> Johnson JG, Harris ES, Spitzer RL, Williams JB. The patient health questionnaire for adolescents: validation of an instrument for the assessment of mental disorders among adolescent primary care patients. *J Adolesc Health*. 2002 Mar;30(3):196-204.

<sup>9</sup> *Point of Care Guidelines: Screening Instruments for Depression*. (n.d.). Retrieved on August 14, 2014 from American Family Physician: <http://www.aafp.org/afp/2008/0715/p244.html>

<sup>10</sup> *Patient Health Questionnaire* (PHQ-2): Description. (n.d.). Retrieved on August 11, 2014 from U.S.

Department of Health and Human Services: <http://www.innovations.ahrq.gov/content.aspx?id=2280>. 3

## **Beacon Health Options Depression Screening Program Description**

### **Input for Program Design**

#### a) Provider/Practitioner Input:

- Elicitation of feedback at Provider Advisory Council and via provider surveys.
- Beacon Expert Panel feedback
- Feedback from Beacon's team of board certified and actively practicing psychiatrists

#### b) Beacon Clinical Input:

- Clinician literature reviews on current clinical practice guidelines for screening and treatment of substance use disorders.
- Annual review of program and screening tools at Beacon's Clinical Quality Improvement Committee.
- Oversight and approval of revisions to program and use of screening tools at Beacon's Quality Improvement Committee.

### **Screening Promotion**

Beacon encourages and promotes the importance of screening using a variety of interventions to include:

- Online access to Beacon's Member Depression Treatment Tool (MDTT) which is a resource for prescribers to use in assisting members in understanding depression treatment, and letters emphasizing the importance of members' follow-up appointments and medication management.
- Provider Bulletin mailed or faxed to providers annually promoting Beacon's depression screening recommendations.
- Distribution of annual provider postcards that list educational and screening materials posted on Beacon's website.
- Education and feedback during provider events, such as expert panels, provider breakfasts, site visits and chart reviews by Beacon clinicians.
- Collaborate with our interested health plan partners on dissemination of the Depression Screening program to primary care sites.
- Targeted questions in chart audit tool around depression screening to include:
  1. If the member is age 13-18, was there member assessed for depression?
  2. If the member is age 13-18 and screened for depression, was a suicide risk assessment conducted?
  3. If the member is age 13-18 and screened for depression, was there family involved in treatment?

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4. For members age 18 or older diagnosed with depression or dysthymia: Was the PHQ-9 tool used to monitor progress of treatment? If yes, was the tool utilized once every four months to monitor progress? If no, select the reason: 1) Member was not diagnosed with depression or the member was under the age of 18; 2) The tool was used once, but the chart audit took place prior to the member's next appointment with the provider/plan; 3) other reason.

### **Screening for Suicide**

There is an increased risk of suicide associated with the presence of a mental health disorder, to include depression. According to the U.S. Preventative Task Force (USPSTF), the majority of people who die by suicide have a psychiatric disorder, many of which have recently been seen in primary care<sup>11</sup>. The USPSTF endorses depression screening in adolescents, adults and older adults in primary care settings when appropriate systems are in place to ensure adequate diagnosis, treatment, and follow-up. Beacon encourages providers to consider suicide screening for patients diagnosed with depression, and also to focus on patients during periods of high suicide risk, such as post psychiatric hospitalization, to reduce related deaths. To access the USPSTF report on suicide screening, click [here](#).

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<sup>11</sup> National Guideline Clearinghouse: Screening for suicide risk. (n.d.). Retrieved from the Agency for Healthcare Research and Quality on September 2, 2014, <http://www.guideline.gov/content.aspx?f=rss&id=48193&osrc=12>