Depression Clinical Pathway Outline

1. Identification of Patients for Depression Pathway
   a. Criteria for inclusion into depression clinical pathway: Patients meeting the following criteria should be asked to attend an IBHC appointment as part of their standard evidence-based team healthcare:
      i. Patients scoring 10+ on the PHQ-9
      ii. Patients with a new depression diagnosis
      iii. Patients starting an antidepressant medication or a new antidepressant medication because the first medication was not adequately effective
      iv. Patients not meeting HEDIS metrics for acute or continuation phase antidepressant medication treatment
      v. Patients on antidepressant medication who have not seen their PCM in over 12 months
   b. Process for identification: Multiple methods should be used to identify depressed patients for referral to the IBHC.
      i. Morning huddle review of PCM patient roster
      ii. Identification of patient by nurse/tech during screening for PCM appointment
      iii. Identification of patient by PCM during PCM appointment
      iv. Patient self-referral
      v. Referral of patient by other
      vi. Patients with 10+ score on the PHQ-9
      vii. Data pull from AHLTA (diagnosis, PHQ-9, etc.)

2. Methods of Linking Identified Patients with the IBHC
   a. During a PCM appointment with a patient who meets any of the inclusion criteria, the PCM, nurse, and/or other designated team member ensures the patient receives a same-day appointment with IBHC (warm handoff) or schedules a future IBHC appointment.
   b. If patients are identified through monthly data pull from AHLTA or Care Point:
      i. PCMH nurse or technician calls patient to schedule a future IBHC appointment. *Caller uses standard pathway telephone script.*
      ii. PCMH nurse, technician, PCM, or IBHC may also send secure email to encourage an IBHC appointment.
   c. If patient refuses to see the IBHC the PCM, nurse, or technician will ask the IBHC to review the available medical record and information and document recommendations for care based on the available medical data.

3. Initial IBHC Appointment
   a. Biopsychosocial functional assessment questions specific to depression management:
i. MOOD:
   i. Description of patient’s current mood (some prompts include: happy, sad, irritable, angry)
   ii. Description of mood in general (or on average); consider using self-reporting Likert scale (i.e., on a scale of 1-10 with 10 being the happiest you can imagine and 1 being the worst, what has been your average in the past week)?

ii. SIGECAPS: (“siggy caps”) A helpful pneumonic device to prompt assessment of the following areas correlated with depression:
   i. SLEEP: Are you getting more or less than usual? Are you having trouble falling asleep? Staying asleep? Waking before your alarm?
   ii. INTEREST: Do you have less interest in activities you used to enjoy?
   iii. GUILT: Do you have increased feelings of guilt? Do you have feelings of worthlessness? Are you having negative thoughts about yourself?
   iv. ENERGY: Do you have less or more energy to do the things you want to do?
   v. CONCENTRATION: Do you have difficulty concentrating?
   vi. APPETITE: Has your appetite changed? Increased? Decreased?
   vii. PSYCHOMOTOR: Do you feel slowed down or keyed up (retardation/agitation)?
   viii. SUICIDAL IDEATION: Do you have thoughts of hurting or killing yourself?

iii. How long have you been feeling this way?
iv. When did you first notice you were feeling this way?
   v. Was there anything going on in your life that might have triggered your feelings of depression? Did it occur out of the blue?
   vi. How many times a day, week, month, would you say you feel depressed?
   vii. Does anything you do, anything that happens, make you feel better/worse?
   viii. Have you noticed any changes in your ability to do your job as a result of your feelings of depression?
   ix. Have you noticed any changes in your work/social/family relationships as a result of your feelings of depression?
   x. Have you cut back on doing pleasurable things in your life as a result of your feeling of depression?
   xi. Are you feeling depressed or sad about something in particular?
   xii. Have you ever had a TBI? Stroke?
   xiii. Have you ever been hospitalized for depression or other behavioral health issue?

b. Assessment Measures
i. At each IBHC appointment the Behavioral Health Measure – 20 (BHM-20) a broad spectrum measure of physical, emotional, and social health, is given.

ii. For depression referrals, the PHQ-9 is given at each appointment

c. Intervention Options: There are numerous evidence-based interventions that can be helpful for improving depression. The IBHC and patient should collaboratively select the intervention(s) that are most appropriate given the nature of the patient’s difficulties as well as readiness for change. Possible interventions include:

i. Education - Depression Handout #1: You may use the entire handout at once or incrementally select topics (i.e., The Depression Spiral; Goal Setting; Pleasurable Activities List; Questioning Thoughts)

ii. Education - Daily Mood Record: Patient keeps track of daily mood rating using Likert scale

iii. Education about the relationship of biological and psychosocial factors to depression symptoms

iv. Behavioral Activation

   i. Patient makes plan to reengage or increase already existing pleasurable activities/exercise/interactions

   ii. Patient continues to engage in activities over which she/he already has a sense of mastery

v. Cognitive Disputation

   i. Patient examines negative thoughts for validity, realism, and helpfulness. Patient alters thinking patterns by developing more balanced or helpful thoughts.

   ii. Patient accepts negative thoughts and focuses on what she/he can control (see acceptance and commitment techniques, Zettle 2004).

vi. Problem Solving with patient on one specific area of concern

vii. Improving relevant health behaviors

   i. Increasing exercise

   ii. Improving dietary choices

   iii. Adhering to medication regimen

   iv. Quitting tobacco

   v. Reducing alcohol use

viii. BHCF engagement if patient is prescribed medication

4. Follow-up IBHC Appointments

   a. Recommended follow-up interval:

   i. The time between appointments with the IBHC will vary depending on the IBHC’s assessment of the patient’s readiness to change, their ability to successfully make changes with self-management approach, and the nature of the intervention selected.

   ii. For many patients the follow-up interval is between 2 to 4 weeks.
b. Recommended number of IBHC appointments:
   i. 1 to 4 IBHC appointments may be sufficient for some patients to improve and maintain aspects of their depression management.
   ii. Other patients may benefit from continuity consultation (more than 4 appointments) to maintain the substantial behavior changes. For patients receiving continuity consultation, consider the following structure:
       1. Initial phase of consultation: 4 appointments, spaced at 2 week intervals
       2. Continuity consultation:
          a. Appointments with IBHC at more spaced intervals (e.g., monthly, every other month, quarterly).
          b. Consider alternating monthly appointments with IBHC and PCM
          c. Refer to specialty BH if patient not making expected improvements

c. Assessment at Follow-up IBHC Appointments:
   i. BHM-20
   ii. PHQ-2 (followed by PHQ-9 if needed)