

Behavioral Health Advisory Committee



Holiday Inn Express & Conference Center

April 17, 2008

Behavioral Health Advisory Committee (BHAC)

Scope:

MercyCare Health Plans provides coverage for about 32,000 members.

MCHP has achieved NCQA accreditation since 1999.

Purpose

To collaborate with our behavioral health specialists and primary care physicians to improve quality of care for our members.

Identify opportunities for improved coordination of care between behavioral health and medical services.



National
Committee
for
Quality
Assurance

Quality Projects:

- ↻ Diagnosis, Treatment, and Referral of Depression
- ↻ Appropriate Use of Antidepressants
- ↻ Inpatient Correspondence
- ↻ Co-Existing Medical and Behavioral Health
- ↻ Postpartum Depression Screening

MCHP Practitioners

MCHP has over 600 credentialed practitioners, and 6 hospitals.

In turn, the care given impacts approximately 32,000 lives.

How does this Impact You?

Maintaining NCQA status is one way that shows employers why MCHP practitioners are a better choice for their health care.

What can MCHP do to assist participating practitioners with meeting current guidelines and participating in MCHP quality projects?

Goals of This Committee

- ↻ Summary of 2007 BHAC
- ↻ Review of quality projects
- ↻ Obtain your valuable input, opinions, and ideas regarding our projects
- ↻ Prioritize which opportunities to pursue based on your expertise
- ↻ Review change in BHAC schedule

Actions Taken Based on 2007 BHAC Feedback

Depression Screening:

- ↻ Replaced Edinburgh Postnatal Depression Screening Scale with the Patient Health Questionnaire (PHQ-9)
- ↻ Worked with provider sites to get a system in place to routinely utilize the PHQ-9

Actions Taken Based on 2007 BHAC Feedback

Co-existing Medical and Behavioral Health Project

- ↻ Explored implementation of a chronic pain and depression project
- ↻ Exploring a process and a tool to screen for chronic pain in members that are already participating in the depression case management program

NCQA Projects

- I. Diagnosis, Treatment, and Referral of Depression
- II. Appropriate Use of Antidepressants
- III. Co-existing Medical and Behavioral Disorders
- IV. Postpartum Depression Prevention
- V. Improved Communication

I & II Depression Guidelines

Adherence of MercyCare's depression guideline is one way appropriate use of antidepressants, and diagnosis, treatment, and referral of depression is measured.

MercyCare Depression Guidelines

- Based on APA Treatment Guidelines
- Updated every year

25-50% with MDD adhere to guideline recommended treatment length

21% of patients with MDD receive minimal guideline level treatment

PRIME-MD PHQ (2 Question Screen)

Name _____ Date _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?

- | | | |
|--|-----|----|
| 1. During the past month, have you often been bothered by feeling down, depressed, or hopeless? | Yes | No |
| 2. During the past month, have you often been bothered by little interest or pleasure in doing things? | Yes | No |

If the response is “yes” to either question, consider administering the PHQ-9 questionnaire or asking the patient more questions about possible depression.

If the response to both questions is “no”, the screen is negative.

Patient Health Questionnaire (PHQ-9)

Name: _____

Date: _____

Over the last 2 weeks, how often have you been
Bothered by any of the following problems?
(use “?” to indicate your answer)

	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

add columns: + +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.)

TOTAL:

10. 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 _____

Compliance Concerns

72% of patients discontinue their antidepressant during the first 3 months of care

Trivedi 2007

- *Discuss length of time on medication*
- *Discuss side effects*
- *More frequent face to face follow up*

Antidepressant Medication Management Measure (AMM)

- Measured off of the depression guideline
- Consists of 3 different measures:
 - Optimal Practitioner Contacts
 - Acute Phase Treatment
 - Continuation Phase Treatment

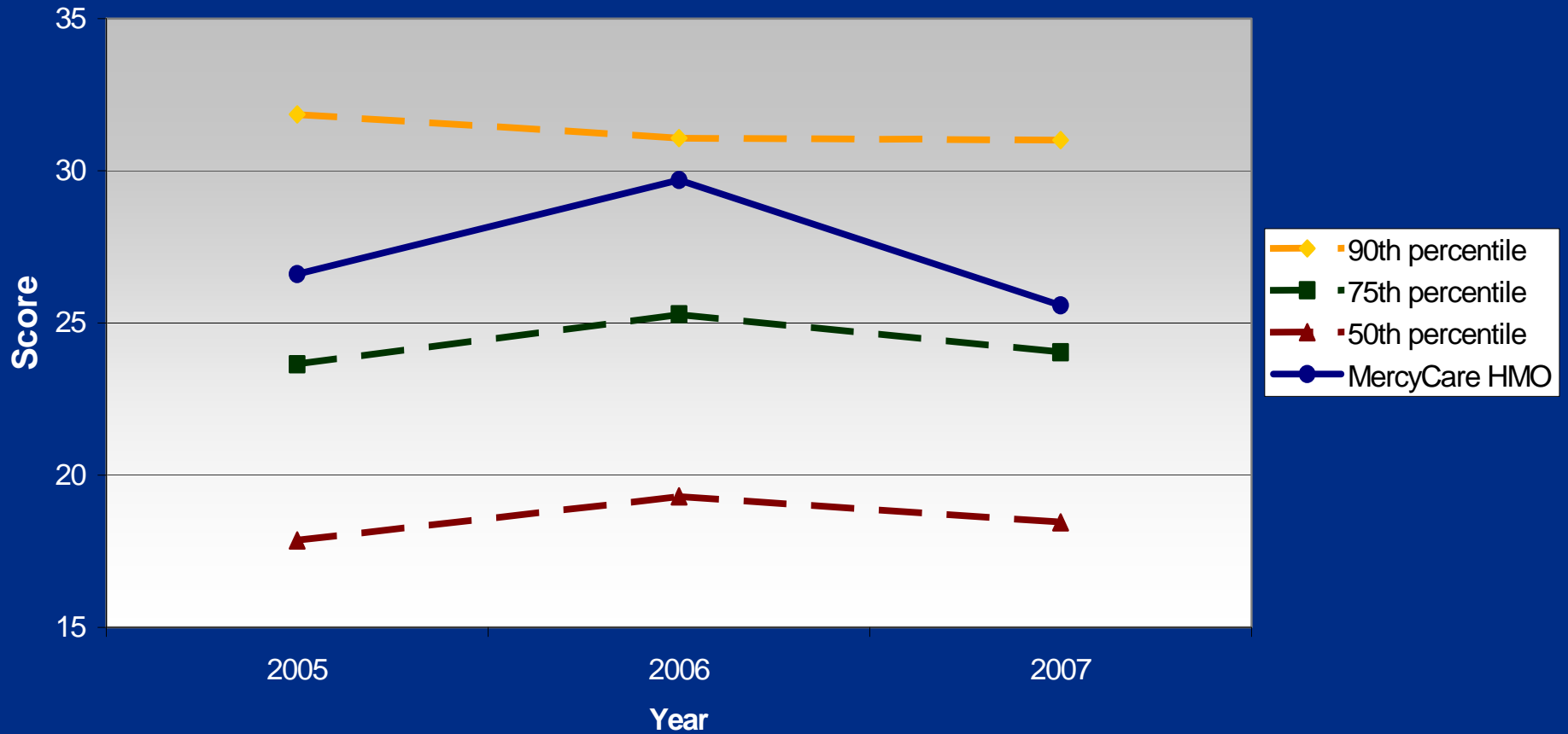
Optimal Practitioner Contacts

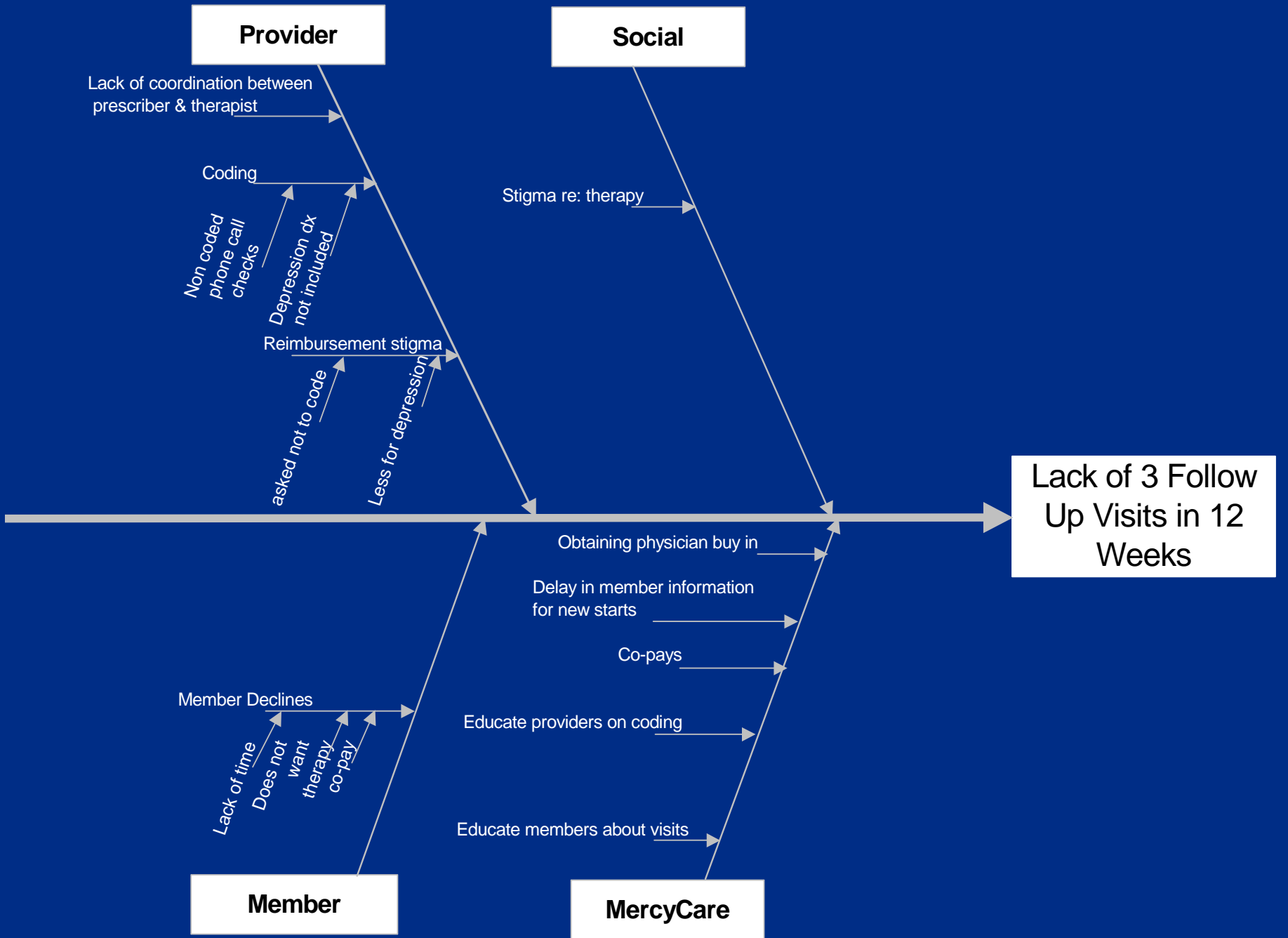
Measures members 18 and over:

- new episode of major depression
- treated with an antidepressant
- had three follow-up visits

Code for Depression

Antidepressant Medication Management - Optimal Practitioner Contacts



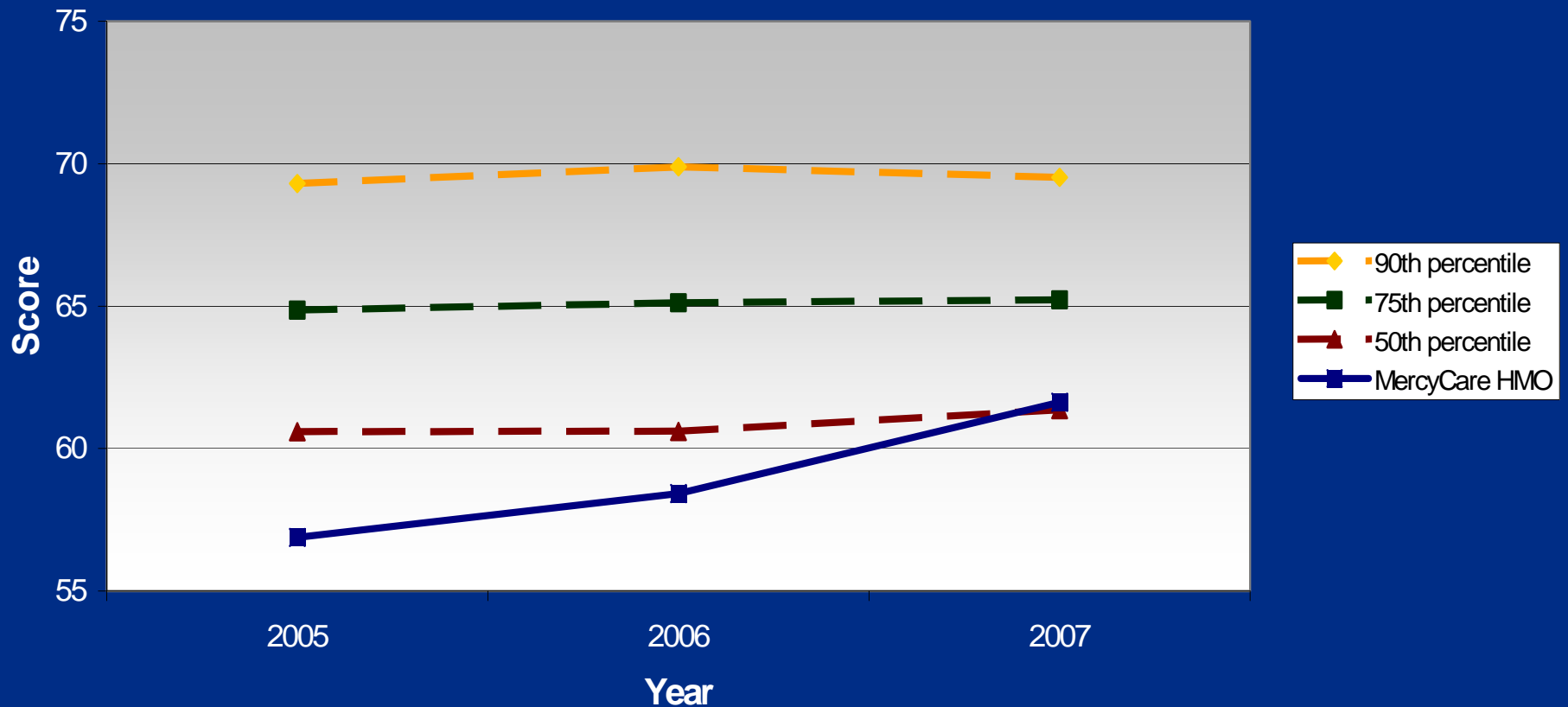


Acute Phase Treatment

Members 18 years and older:

- new episode of major depression
- treated with an antidepressant
- remained on an antidepressant for 12 weeks

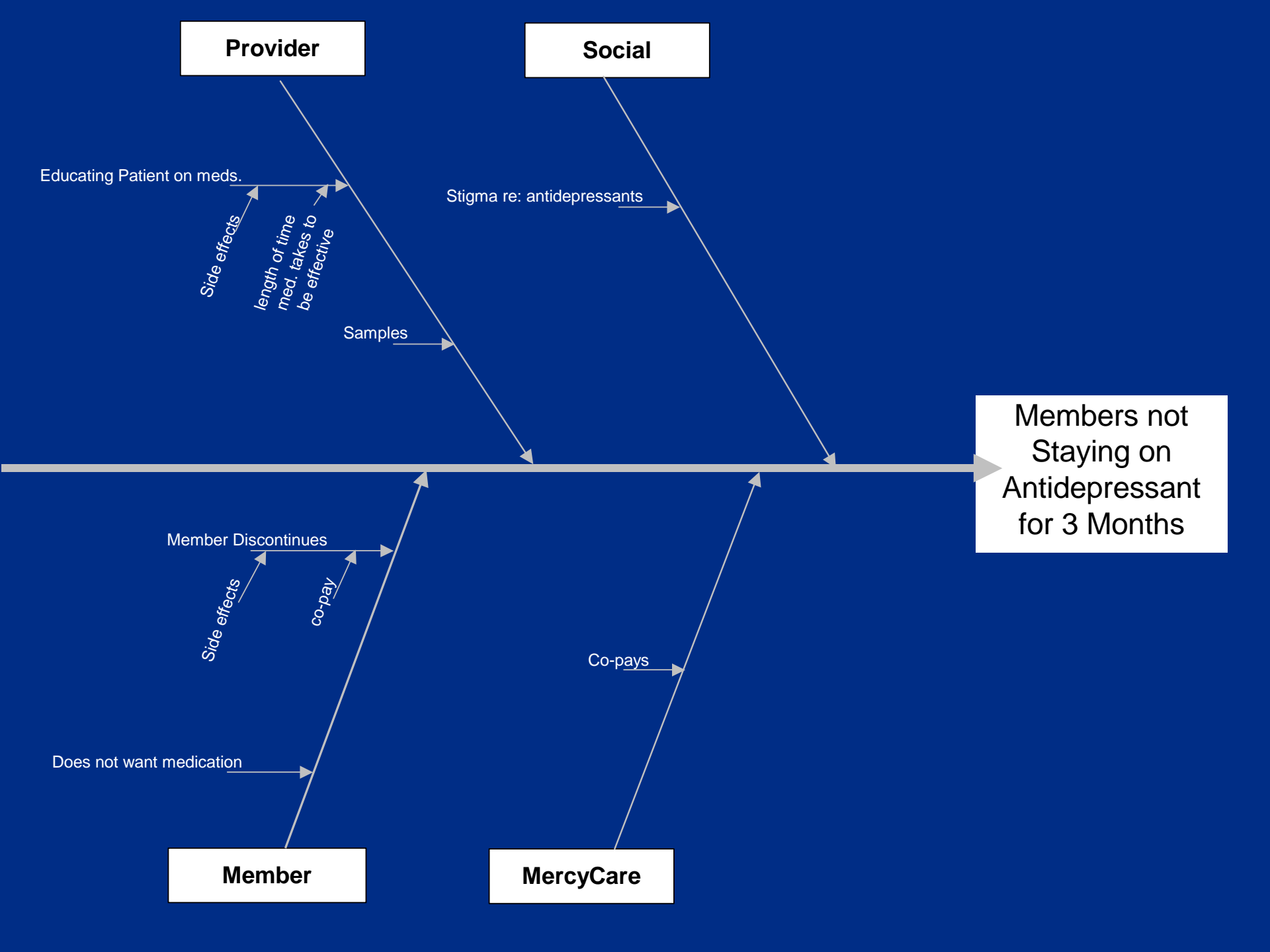
Antidepressant Medication Management Measure—Acute Phase Treatment



Acute Phase Treatment Continued

Failure to respond in 6-8 weeks:

- dose titration
- augmentation
- switch



Provider

Social

Members not Staying on Antidepressant for 3 Months

Member

MercyCare

Educating Patient on meds.

Side effects

length of time med. takes to be effective

Samples

Stigma re: antidepressants

Member Discontinues

Side effects

co-pay

Co-pays

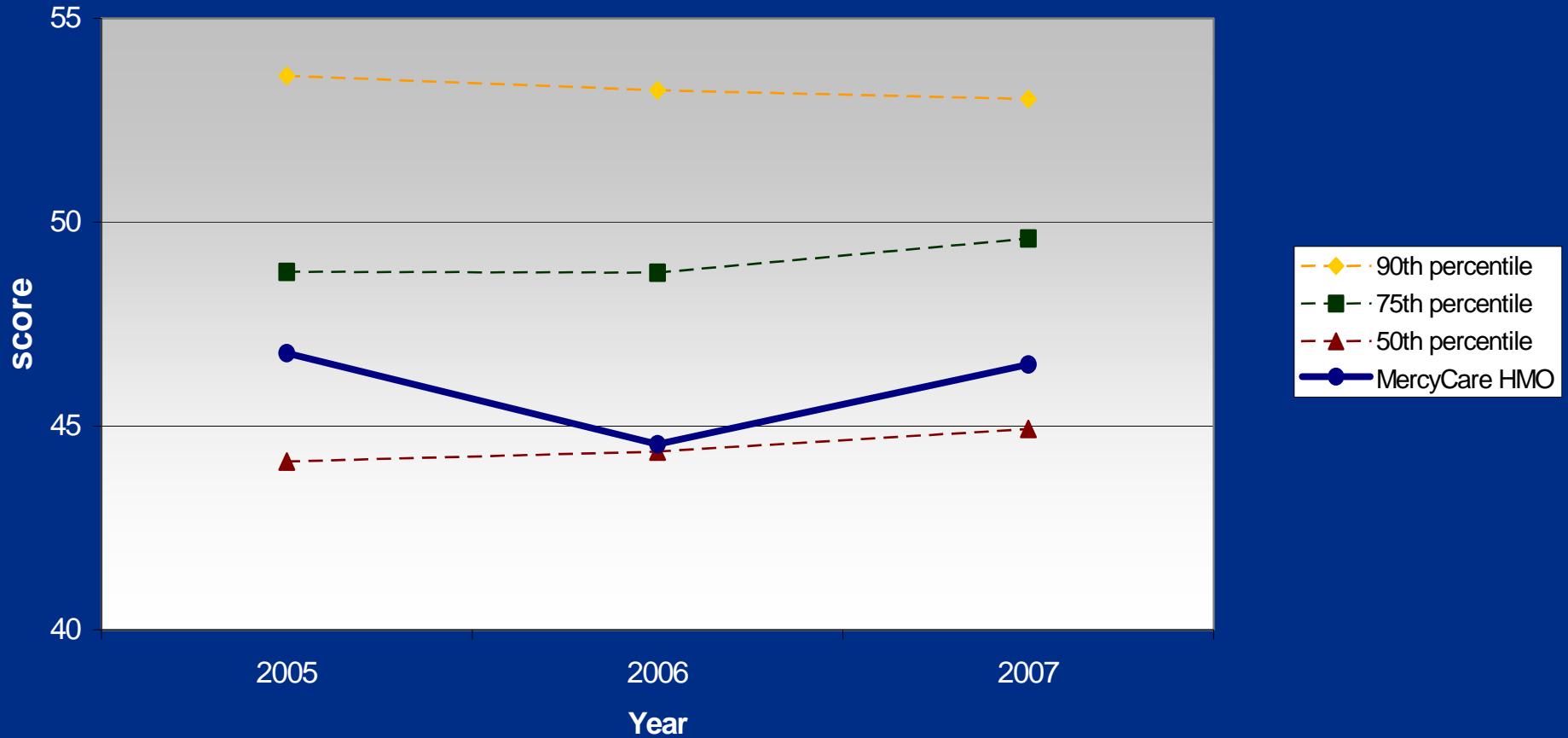
Does not want medication

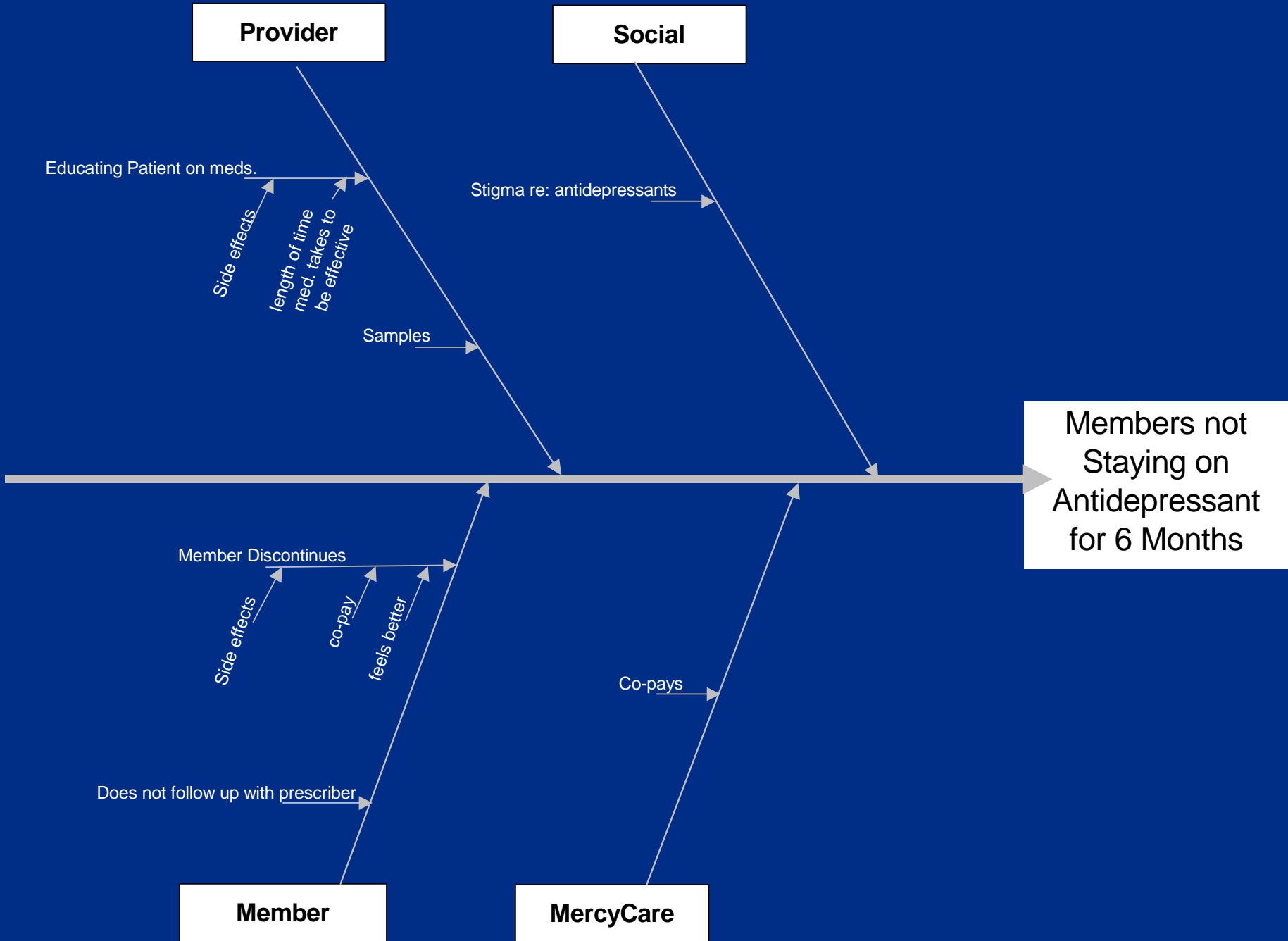
Continuation Phase Treatment

Members 18 years of age and older:

- new episode of major depression
- treated with an antidepressant
- remained on an antidepressant for 6 months

Antidepressant Medication Management - Continuation Phase Treatment





III. Co-existing Medical and Behavioral Disorders

In 2007, MCHP obtained data for:

- medical or surgical patients
- primary, secondary, or tertiary substance abuse diagnosis
- received an addiction consult

Results-94%

III. Co-existing Medical and Behavioral Disorders

In 2008, MCHP narrowed the data pull to identify:

- members admitted with an alcohol related liver disorder
- received an addictions consult.

Results-40%

Hospital

**Addictions
Consultant**

**Patients with Co-
Existing
Conditions not
Receiving an
Addiction Consult**

Member

MercyCare

No protocol in place for consultation

Does not see pt. before D/C

Consultation not ordered

Educate pt. on addiction

Member declines

*Does not
want help*

*Pt. in denial
of addiction*

IV. Postpartum Depression (PPD) Prevention

According to the Wisconsin Association for Perinatal Care (WAPC):

- 10-15% of women experience depression in the perinatal period (pregnancy-1year)
- 50% of women with PPD are untreated

IV. PPD Continued

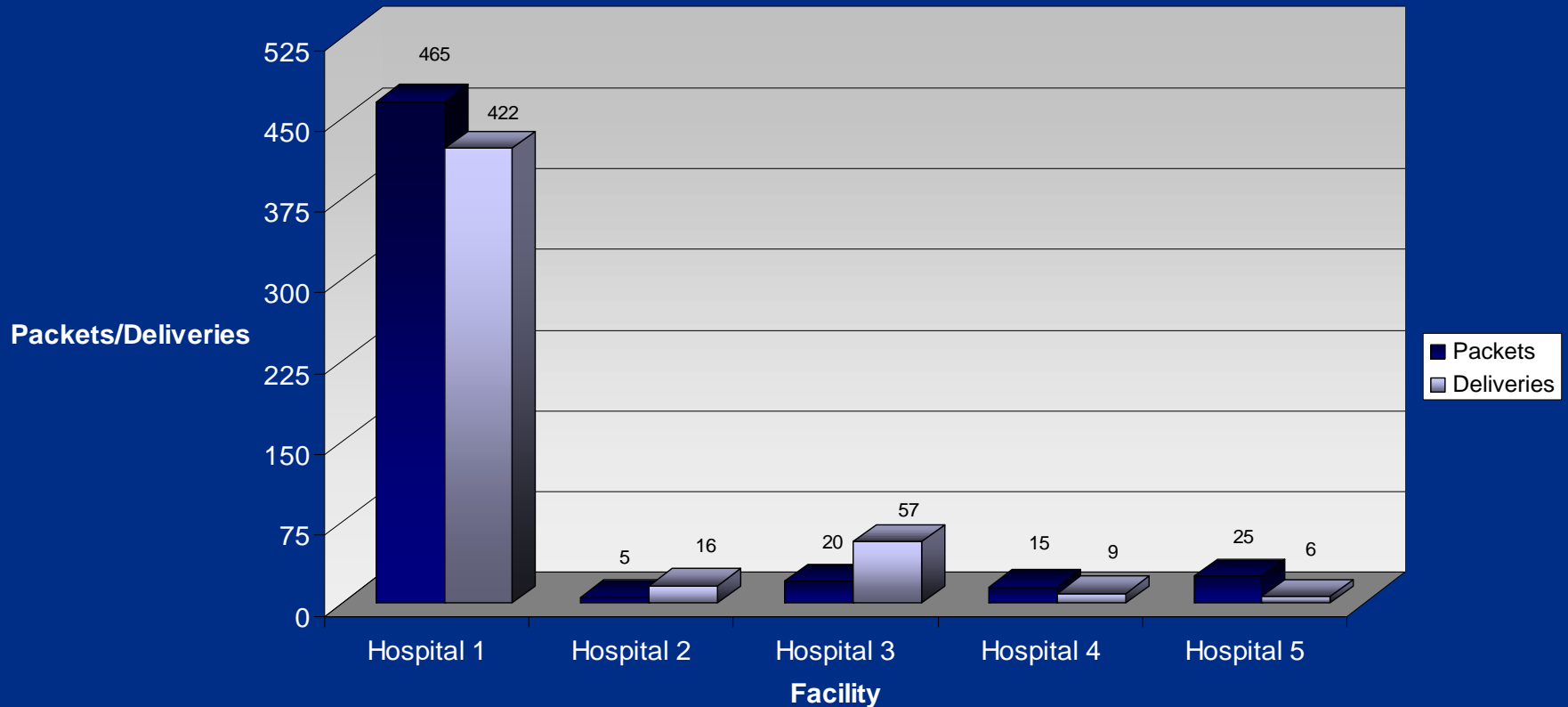
Screening is Crucial

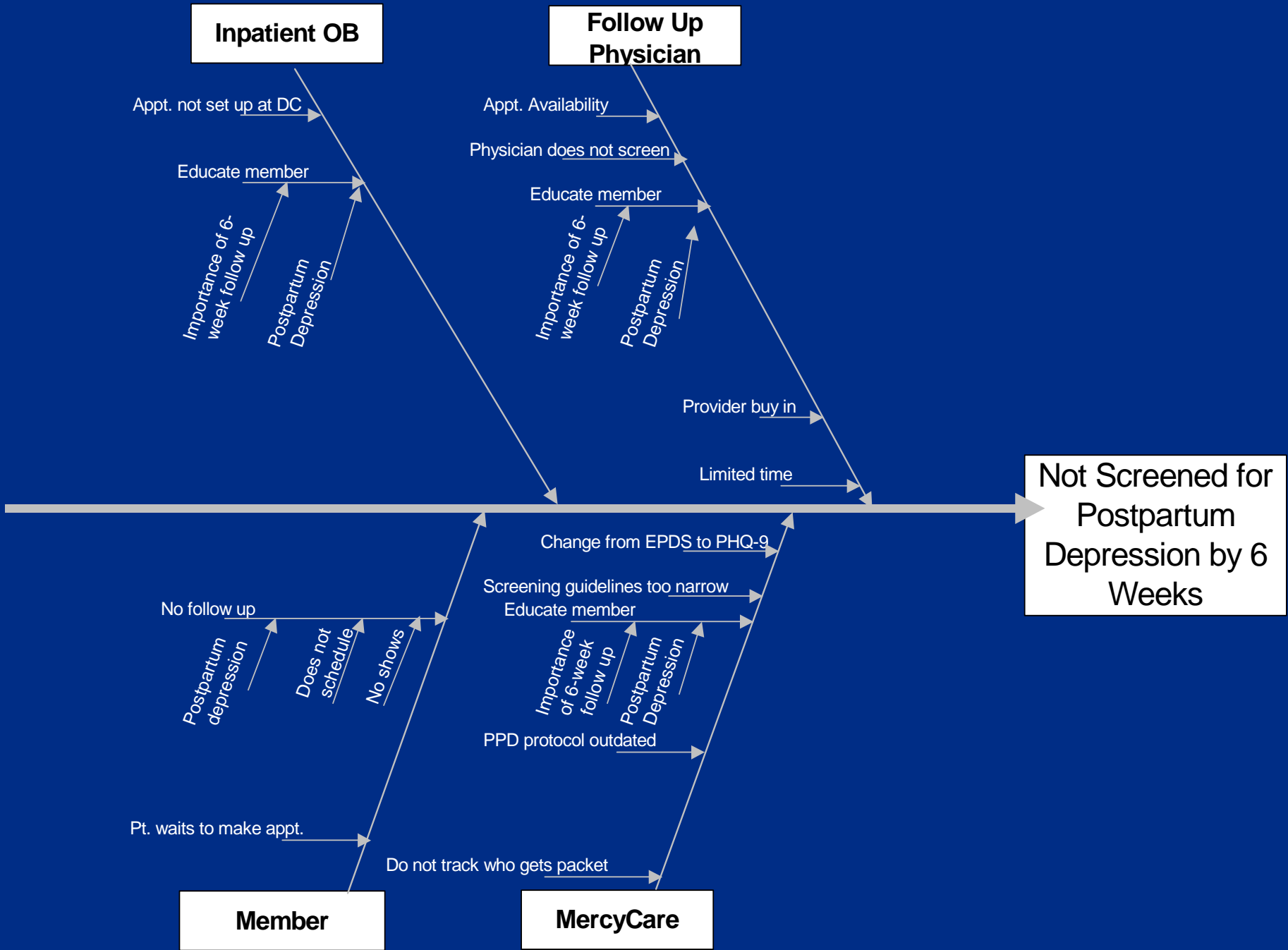
MercyCare supplies packets that include information on PPD along with the PHQ-9 to take to their 6-week postpartum visit.

Recent studies have shown that the incidence of major depression with postpartum onset identified through use of a valid screening tool was significantly higher than the incidence detected by routine clinical evaluation alone.

IV. PPD Continued

Postpartum Packets Distributed -vs- Deliveries





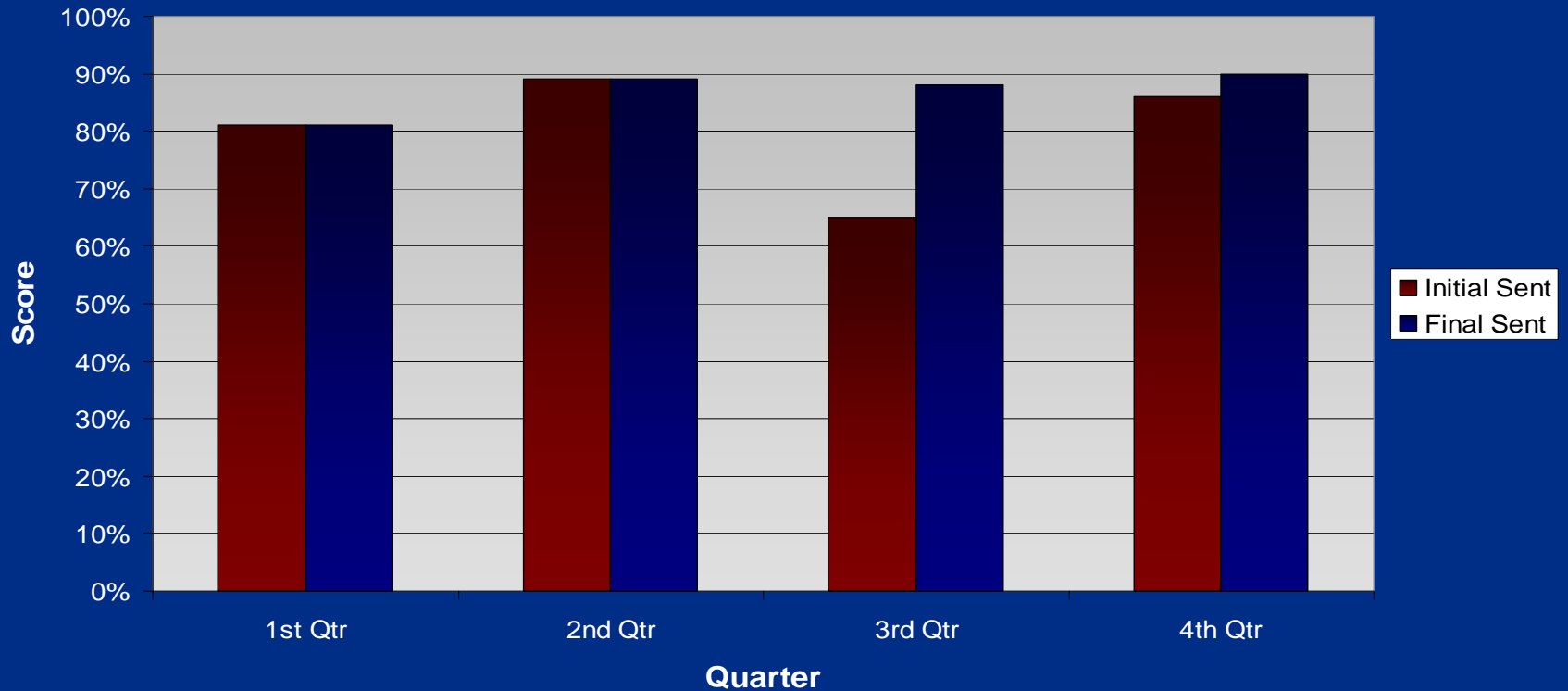
V. Improved Communication

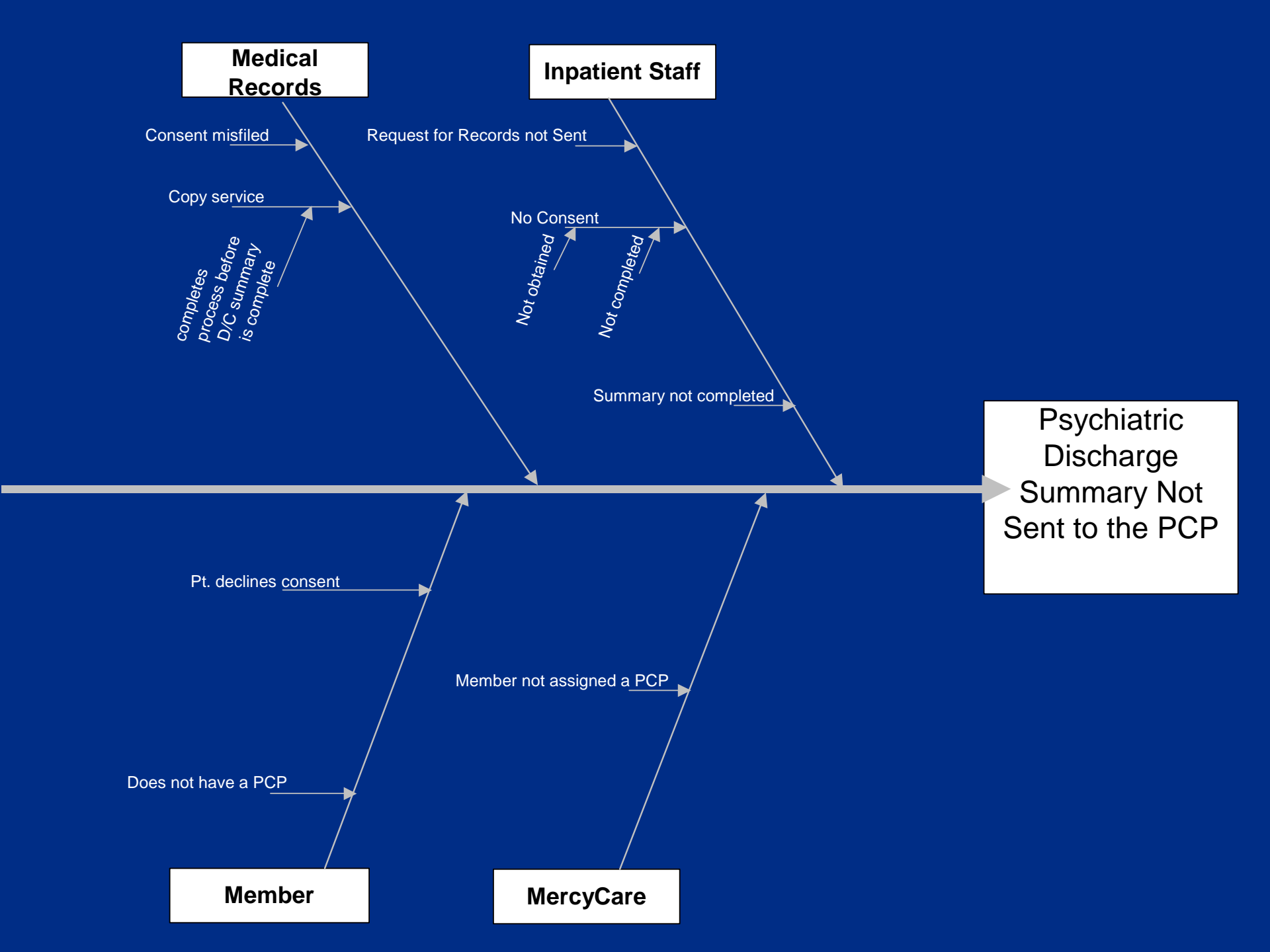
MercyCare monitors communication between behavioral health practitioners and PCPs by reviewing inpatient psychiatric admits.

The goal is to have all psychiatric discharge summaries sent to the member's PCP

Inpatient Discharge Summary to PCP

Inpatient Psychiatric Discharge Summary Project-2007





Medical Records

Inpatient Staff

Consent misfiled

Request for Records not Sent

Copy service

completes process before D/C summary is complete

No Consent

Not obtained

Not completed

Summary not completed

Psychiatric Discharge Summary Not Sent to the PCP

Pt. declines consent

Member not assigned a PCP

Does not have a PCP

Member

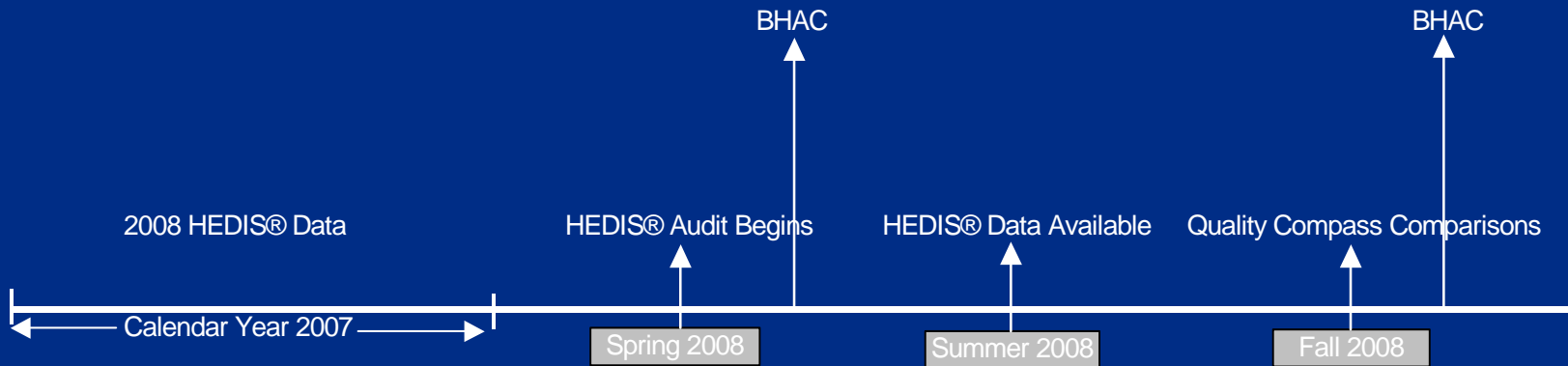
MercyCare

Planning and Moving Forward

- ↻ Qualitative and quantitative analysis of feedback from Spring 2008 BHAC
- ↻ Obtain data and plan for Fall 2008 BHAC

Reason for Fall 2008 BHAC

Timeline for HEDIS® Results and Comparisons



Comments?

Resources

Mercy Health System Website

www.mercyhealthsystem.org

MercyCare Health Plans

www.mercycarehealthplans.com

McArthur Tool Kit

www.depression-primarycare.org

Wisconsin Association for Perinatal Care

www.perinatalweb.org

[SAMHSA's National Clearinghouse for Alcohol and Drug Information](http://www.ncadi.samhsa.gov)

www.ncadi.samhsa.gov

Thank You



For Your Participation