

# Overview of Care Process in the Treatment of Depression

## STEP 1: SCREENING AND DIAGNOSIS

- Display of **Red Flags** for possible Depressive Diagnosis
- Completion of **2 QUESTION** screening for all patients
- Completion of **PHQ-9** for patients with positive screening
- **Scoring** PHQ-9 for diagnosis and severity
- **Additional Screening** for Suicide Risk, Substance Abuse, Bipolar Disorder, Psychosis, or comorbidity as indicated with referral to a mental health provider for urgent/emergent cases

## STEP 2: TREATMENT SELECTION

- **Clinical Interview** to identify previous history/treatment of depression or other mental health disorder
- Utilize PHQ-9 Score and patient preference to drive selection of treatment plan:
  1. Referral to Mental Health provider for **Urgent/Emergent Care**
  2. **Wait and Observe**
  3. **Medication** alone
  4. **Medication plus Counseling**
  5. **Counseling** alone
- **Referral** to Clinical phone follow up for Education and Follow---Up Plan

## STEP 3: INITIATION OF TREATMENT PLAN

- CM to provide the following:
  1. **Educational Materials** with **Verbal Instruction** during office visit or by Phone Call and Mailing within
  2. Provide assistance with **obtaining medication** (samples, sliding scale) to include written medication
  3. Establish **Treatment Care Plan** with patient engagement
  4. **Schedule** time for first clinical phone follow---up contact

## STEP 4: ACUTE PHASE FOLLOW-UP

- Clinical phone call follow-up at set intervals per protocol, to include:
  1. Documentation of repeat PHQ-9 to determine treatment response
  2. Use of **Medication Effectiveness/Side Effect Evaluation** tool to determine patient's medication compliance and effectiveness of therapy if patient experiences sub-optimal response
  3. Reminders to foster patient adherence to follow-up appointment schedule with Primary Care Provider schedule with Primary Care Provider (**Initial Visit + 3 PCP/MHP Visits** over the first 12 weeks of treatment is recommended by HEDIS)
- Continued assistance with obtaining medication at no charge / reduced charge
- Ongoing communication with PCP regarding patient's progress

## STEP 5: CONTINUATION AND MAINTENANCE CARE

- Continue pharmacologic and/or counseling treatment for **4-9 MONTHS** to prevent relapse
- Provide patient education related to **symptoms of relapse**
- Continue schedule of **repeat PHQ-9** per phone call to monitor patient adherence to treatment plan and to provide support/re-teaching as needed
- Ensure that patient is scheduled for further **PCP visits** if PHQ-9 scoring indicates recurrence/worsening of symptoms
- PCP to determine patients at highest risk for need of **Long Term Prophylactic Treatment**
- Follow patients requiring treatment > 6 months per protocol