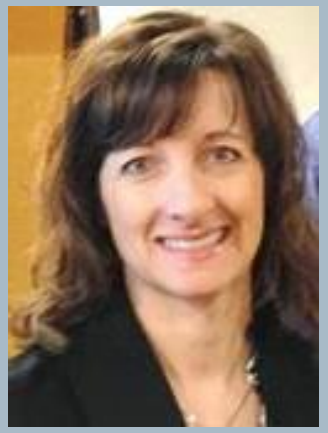
SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

Implementing Depression and Substance Use Screening & Interventions



Pam Pietruszewski
National Council for Behavioral Health

Setting the Stage:
Today's Moderator

Madhana Pandian

Associate

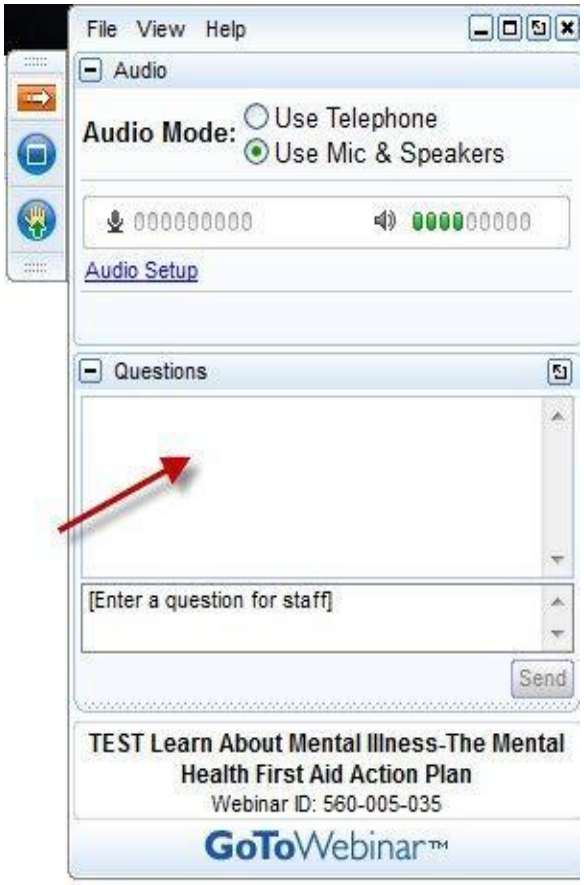
SAMHSA-HRSA Center for Integrated Health Solutions

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

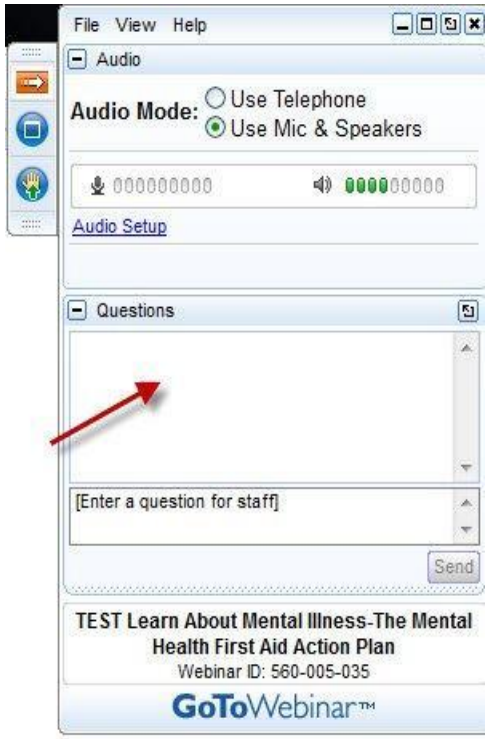
Ask for what YOU want or expect

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

Agenda

1. Measurement-informed care
2. Screening
3. Interventions
4. Sustainability factors

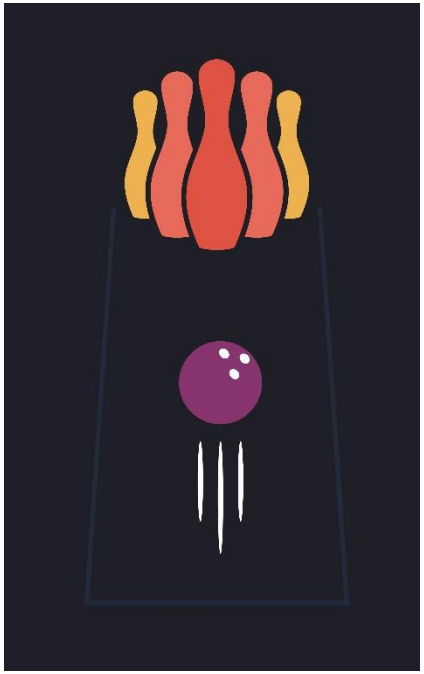
Measurement-Informed Care: Core Components for Success

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:

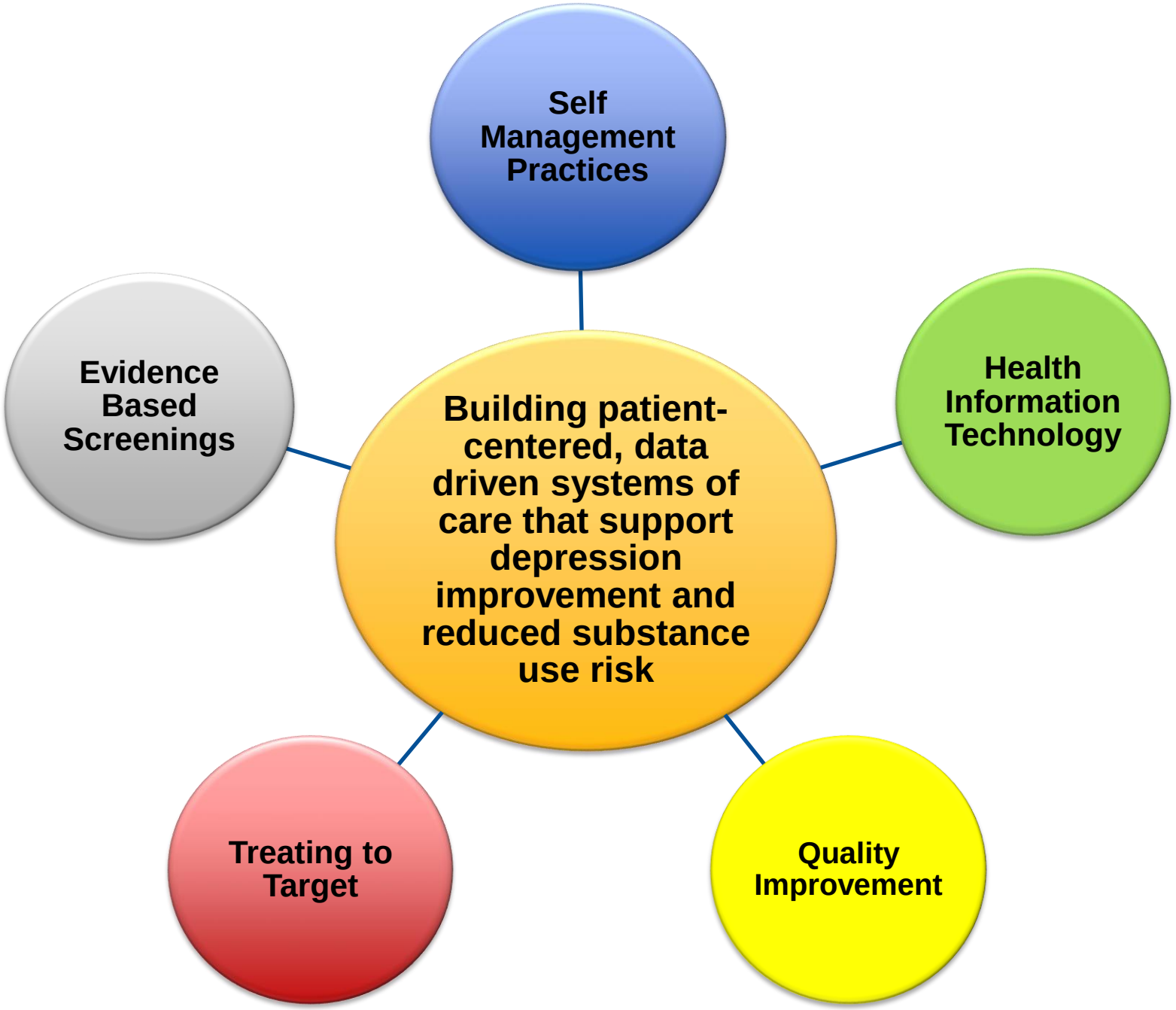
- Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented. (Health Center 2014 National Average = 38.8%)

UDS Performance Measure
http://www.bphc.hrsa.gov/datareporting/reporting/2015udsmanual.pdf



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.


Self Management Practices
Evidence Based Screenings
Health Information Technology
Building patient-centered, data driven systems of care that support depression improvement and reduced substance use risk
Treating to Target
Quality Improvement

Examples of Measurable Clinical Outcomes

Blood Pressure

Depression: PHQ-9, Beck, etc

Anxiety: GAD-7

BMI

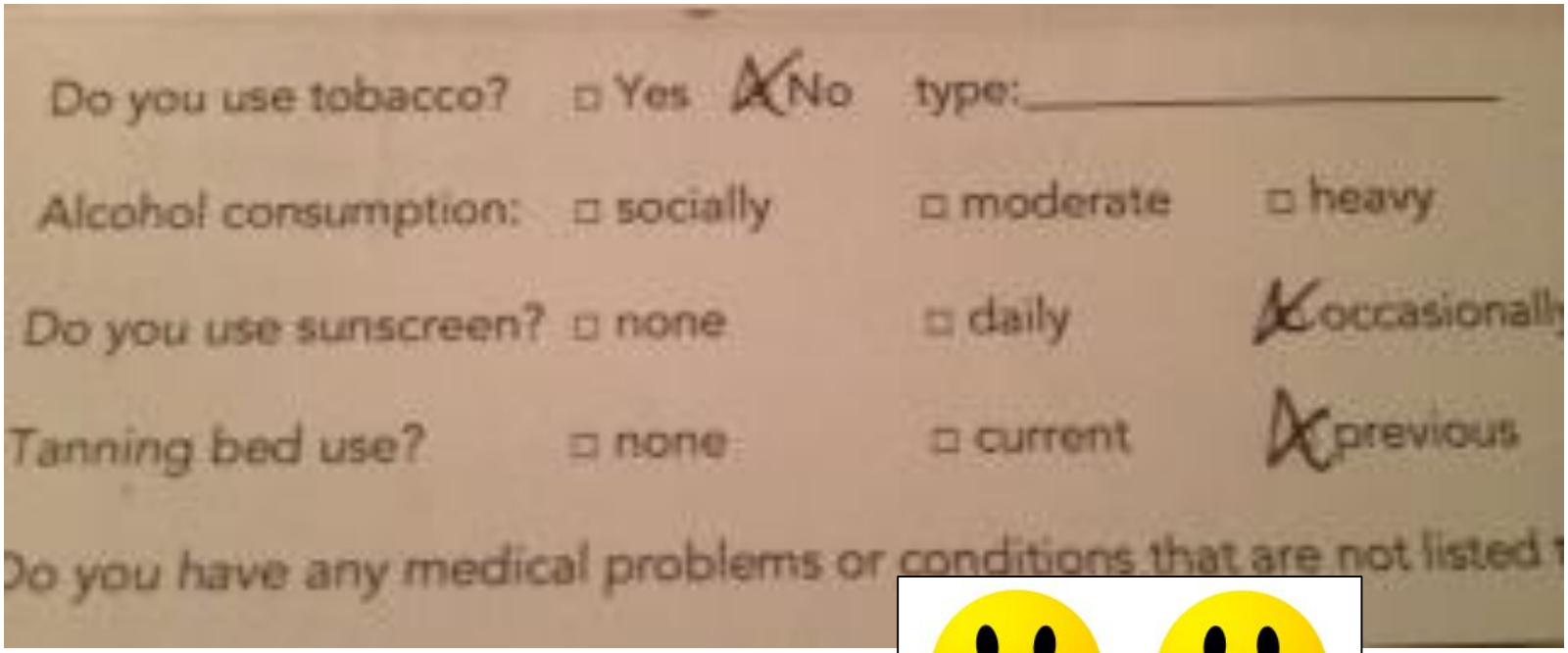
Lipids

Hemoglobin A1c

Pain: Brief Pain Inventory

Alcohol/Drug Use: AUDIT, DAST, CRAFFT, etc.

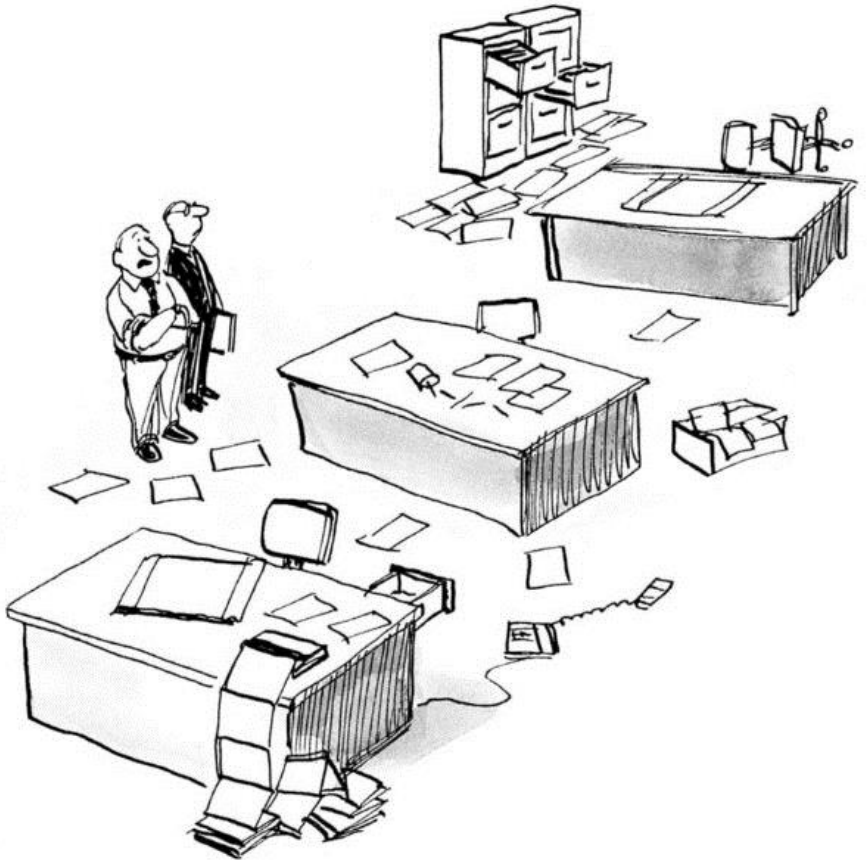
Screening


Do you use tobacco? ☐ Yes ☒ No type:
Alcohol consumption: ☐ socially ☐ moderate ☐ heavy
Do you use sunscreen? ☐ none ☐ daily ☒ occasionally
Tanning bed use? ☐ none ☐ current ☒ 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

AUDIT Score	Risk level
0-6 (F) **0-7 (M)**	**Low risk**
7-15 (F) **8-15 (M)**	**Risky**
16-19	**Harmful**
20-40	**Likely dependence**

Translating Depression Management with the PHQ-9

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

Mitchell, J. et al, Adult Depression in Primary Care Guideline. www.icsi.org Updated September 2013

Patient Engagement Strategies

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

"This tool is an **objective way** to determine the main symptoms you are having related to your depression.

"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?

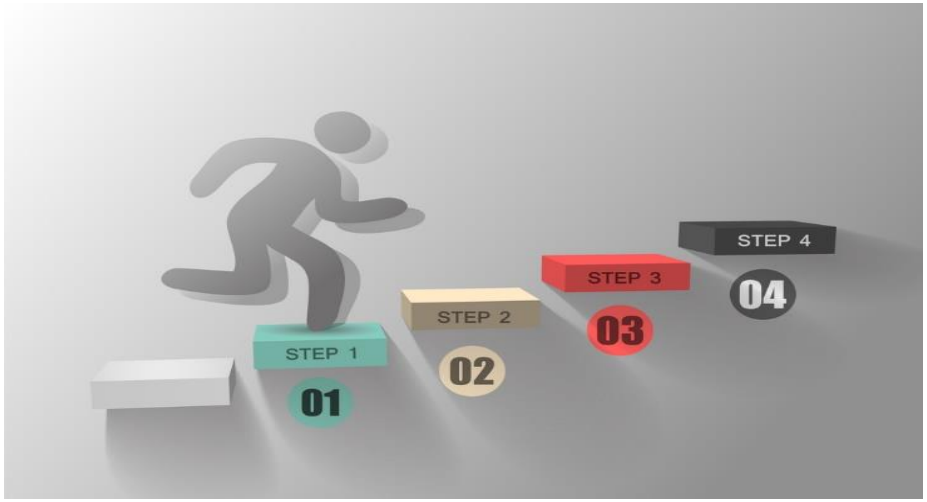
Interventions

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

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

Sources: Texas Medication Algorithms and Henry Chung MD, Montefiore Medical Center

STAR*D Trials - Rush, 2006

Treatment Step	Remission Rate	Weeks to Remission
1. Antidepressant	36.8%	6.5
2.Switch or augment (meds/therapy)	30.6%	5.4
3.Switch or augment again	13.7%	5.6
4.Switch or augment again	13.0%	7.4
Total	**70%**	

Translating PHQ-9 Depression Scores into Initial Planning

Score	Description	Actions
1-4	Community Norms	Annual re-screening
5-9	Mild Symptoms	Annual re-screening Education, reinforcement
10 – 14	Moderate Symptoms	Medication or counseling Physical activity, self-management Follow-up at least monthly
15 – 19	Moderate -Severe	Medication and/or counseling Physical activity, self-management Follow-up at least every 2-4 weeks
≥ 20	Severe	Medication and counseling Physical activity, self-management Follow-up weekly

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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  Stick

- Do <u>all</u> 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

Webinar Number	Date	Time
March #3	Mar. 23	3 - 4pm
April #4	Apr. 20	3 - 4pm
May #5	May 25	3 - 4pm
June #6	Jun. 22	3 - 4pm
July #7	Jul. 20	3 - 4pm
August #8	Aug. 24	3 - 4pm

Resources

- SBIRT: Training & Other Resources - **http://www.integration.samhsa.gov/clinical-practice/sbirt/training-other-resources**
- SBIRT: Screening - **http://www.integration.samhsa.gov/clinical-practice/sbirt/screening**
- SBIRT: Referral to Treatment - **http://www.integration.samhsa.gov/clinical-practice/sbirt/referral-to-treatment**
- SBIRT: Workflow - **http://www.integration.samhsa.gov/clinical-practice/sbirt/workflow**