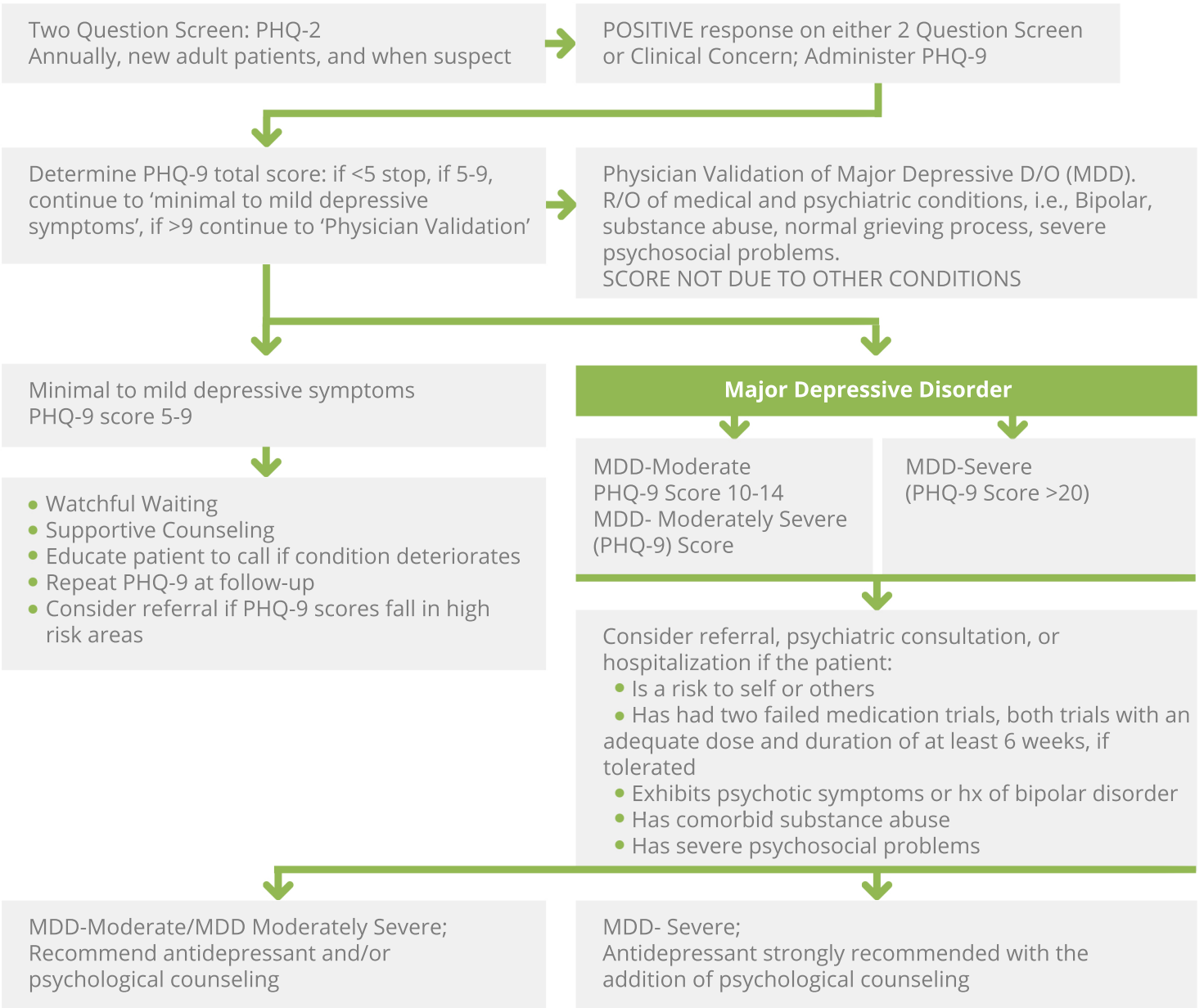




# Adult (>18 years) Depression Workflow Chart



# Overview of the Care Process in the Treatment of Depression

## STEP 1. Screening and Diagnosis

- Display of risk factors and warning signs 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

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

## STEP 3. Initiation of Treatment Plan

Provide the following:

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

## STEP 4. Acute Phase Follow-Up (See Clinical Decision Points - CDPs below)

1st FOUR MONTHS of treatment – Goal: achieve remission

Clinical phone call follow-up at set intervals per protocol, to include:

- Documentation of repeat PHQ-9 to determine treatment response
- Use of Medication Effectiveness/Side Effect Evaluation tool to determine patient's medication compliance and effectiveness of therapy if patient experiences sub-optimal response
- 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

Goal: Prevent relapse/recurrence

- Continue pharmacologic and/or counseling treatment for:
  - 1st episode – 7 to 12 months of continuous pharmacotherapy
  - 2nd episode – 1 to 2 years OR lifetime with complicating factors
  - 3rd episode – lifetime therapy if all 3 episodes occur within one 5 year period
- 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

Community Care of North Carolina (Accessed April 2023). Adult Depression Toolkit, 2015.

For questions, contact your Primary Care Representative directly or the Primary Care Department at [primarycare@arkbluecross.com](mailto:primarycare@arkbluecross.com)