

Adult (>18 years) Depression Workflow Chart

Two Question Screen: PHQ-2 Annually, new adult patients, and when suspect



POSITIVE response on either 2 Question Screen or Clinical Concern; Administer PHQ-9

Determine PHQ-9 total score: if <5 stop, if 5-9, continue to 'minimal to mild depressive symptoms', if >9 continue to 'Physician Validation'



Physician Validation of Major Depressive D/O (MDD). R/O of medical and psychiatric conditions, i.e., Bipolar, substance abuse, normal grieving process, severe psychosocial problems.

SCORE NOT DUE TO OTHER CONDITIONS



Minimal to mild depressive symptoms PHQ-9 score 5-9

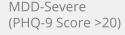


- Watchful Waiting
- Supportive Counseling
- Educate patient to call if condition deteriorates
- Repeat PHQ-9 at follow-up
- Consider referral if PHQ-9 scores fall in high risk areas

Major Depressive Disorder



MDD-Moderate PHQ-9 Score 10-14 MDD- Moderately Severe (PHQ-9) Score



Consider referral, psychiatric consultation, or hospitalization if the patient:

- Is a risk to self or others
- Has had two failed medication trials, both trials with an adequate dose and duration of at least 6 weeks, if tolerated
- Exhibits psychotic symptoms or hx of bipolar disorder
- Has comorbid substance abuse
- Has severe psychosocial problems



MDD-Moderate/MDD Moderately Severe; Recommend antidepressant and/or psychological counseling MDD- Severe;

Antidepressant strongly recommended with the addition of psychological counseling



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.