



# MAJOR DEPRESSION & HEDIS ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM) MEASURE

EDUCATIONAL WEBINAR

**CareSource Georgia Behavioral Health | Dr. Wilson**

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# Diagnosis of Major Depression Disorder

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## Any of the five following:

- Depressed mood, loss of interest, pleasure, weight change (not purposeful), problems with sleep, psychomotor slowing or increase, fatigue, feelings of worthlessness/guilt, reduced concentration (from baseline), and thoughts of death or dying
- Not better explained by another medical or mental health condition



# What is HEDIS®?

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HEDIS® is a standardized set of performance measures called: Healthcare Effectiveness Data Information Set, which are developed and maintained by the National Committee for Quality Assurance (NCQA).



# Epidemiology

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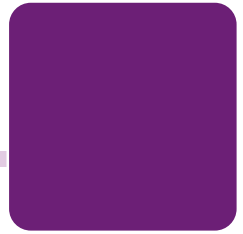
- Varying rates have been reported; no large, well accepted epidemiologic studies
- 12-month adult prevalence: 10.4%
- Lifetime prevalence of MDD: 20%

*JAMA Psychiatry.* 2018;75(4):336-346. doi:10.1001/jamapsychiatry.2017.4602



# Diagnosis of Depression

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- ❑ Initial Visit: Comprehensive evaluation
  
- ❑ Assessments to assist: PHQ-9, MADRS, and HAM-D
  - PHQ-9 is the most user-friendly
  - Patient-administered assessment (Medical Assistant can score)
  - <10: minimal to mild depression (no medication necessary; possible therapy)
  - 10-14: mild to moderate depression (antidepressant medication OR therapy recommended)
  - >14: moderate to severe (antidepressant medication AND therapy recommended)

[http://med.stanford.edu/fastlab/research/imapp/msrs/\\_jcr\\_content/main/accordion/accordion\\_content3/download\\_256324296/file.res/PHQ9%20id%20date%2008.03.pdf](http://med.stanford.edu/fastlab/research/imapp/msrs/_jcr_content/main/accordion/accordion_content3/download_256324296/file.res/PHQ9%20id%20date%2008.03.pdf); <https://www.nhms.org/sites/default/files/Pdfs/PHQ9-Depression-Scale.pdf>; and <https://www.opapc.com/uploads/documents/CDRS-R.pdf>



# Initiation and Monitoring of Medication Pearls

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- Start antidepressant (AD): SSRIs and non-SSRIs
- Monitor for efficacy: PHQ-9 or subjective assessment
- Monitor for side effects
- Black box warning: “suicidal” (vs. self-injurious behavior); only for those <25 years old



# Antidepressant Monitoring

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- ❑ Initiation/acute phase (first 12 weeks or 84 days)
  - Patients to be monitored for effectiveness, side effects and compliance (HEDIS®)
  
- ❑ Continuation phase (from 12 weeks to 6 months)
  - Patients to be monitored for effectiveness, side effects, and compliance (HEDIS®)
  
- ❑ Compliance is a HEDIS® quality of care measure
  - Why? Effects outcome: less relapses and better patient outcomes



# Relapse

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- ❑ Relapse is an episode of MDD during a period of remission
- ❑ 40-60% of those with MDD experience relapse after successful treatment of acute episode (indicates the need for continual treatment)
- ❑ Predictors of relapse: natural course of MDD, **lack of compliance**, negative life events, rapid decrease/discontinuation of therapeutic treatment

Emslie et al, 1997; Kovacs, 1996; Lewinsohn et al, 1994; Vostanis et al, 1996; Wood et al, 1996





# Preventing Relapse

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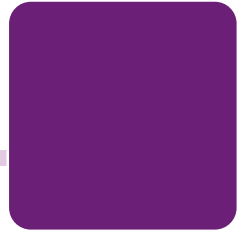


- Continue medication
- Follow-ups 1-3 months for care (more frequent in select cases)
- Education on medicine and compliance at ALL visits
- PRN in-person/phone meetings with MA/nurse about medication regarding compliance, symptoms and side effects
- Therapy: an outlet for medication discussion
- PRN medication refill check on electronic prescribing platform by MA/nurse, especially for provider visit



# Patient Handouts: Medication Management

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## Medication-specific handouts:

- [Serious Mental Illness Adviser](#) (English)
- [Serious Mental Illness Adviser](#) (Spanish)



Presented by:

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