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Depression Center
UT Southwestern
Medical Center

Letter from our Director — *Madhukar Trivedi, MD*

Hello VitalSign[6] Community,

The June issue of our monthly newsletter is centered on the real definition of screening for MDD. Most of us think that screening as handing the PHQ-2 to the patient and waiting to view the results on the iPad in efforts to dictate our next steps. However, screening goes beyond simply administering the PHQ-2/9 to our patients. It also includes documenting a diagnosis and follow-up plan in the VS[6] application. This documentation is required for both negative and positive screens. VitalSign[6] is based on an evidence based program called Measurement Based Care (MBC). MBC cannot be implemented if no diagnosis and follow-up plan is selected in the VS[6] application. The programming logic of VS[6] is designed based on the selection of diagnosis and follow-up plan. In order for the VS6 team to provide reports to your clinics on their progress towards remission, we need to know how you are diagnosing and treating your patients. This month's issue will help you to further your understanding of why this important and how to diagnosis and document.

In more exciting news...It is with great excitement that I share with you the announcement of the Center for Depression Research and Clinical Care. The Hersh Foundation has made a $5 million lead gift to Southwestern Medical Foundation to help establish the Center for Depression Research and Clinical Care at UT Southwestern Medical Center, as well as to endow the Julie K. Hersh Chair in Depression Research and Clinical Care. The goal of the Center is to accelerate new discoveries into the causes and treatment of depression, bipolar, and related conditions.

The goals of the center are:

- Detecting illness at an earlier and more treatable stage through the study of biomarkers, treatment options, and delivery methods;
- Developing a more scientific method for personalized treatment, directing patients quickly to the best portfolio of treatment; and
- Providing leading-edge care for treatment-resistant mood disorders.

Monthly Newsletter

June 2015

Inside this issue:

Connect with us!

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UT Southwestern Mood Disorders

Center for Depression Research & Clinical Care

MoodDisorders@UTSWPsychiatry

DepressionCenter@DDC_UTSW

www.utsouthwestern.edu/education/medical-school/departments/psychiatry/divisions/depression/index.html

#MagicNumbers

11 *Active Clinics*

8550+ *Total Screens*

1716 *Positive Screens*

Clinicians Corner—Ronny Pipes, MA. LPC-S

Point of Care

- "We'll take a throat culture and do a strep test, then follow-up with the results at your next office visit in a month."
- "We're going to measure your blood pressure today and schedule you to come back in a week to review the results."
- "We'll take an X-Ray today, then let you know if it's broken at your very next visit this coming August."

Sounds absurd, right?

While some medical tests that assist with diagnosis and treatment planning require the patient and physician to wait for the results to be returned from the lab or specialist, there are many that can be done in the office and provide results within minutes. These measures are available for use at the ***point of care*** during the patient visit. They provide data that are very useful in determining an accurate diagnosis and the most appropriate treatment plan for the patient. These have become a part of best practice care. Healthcare providers would not consider sending a patient home from their visit without first consulting these data, discussing them with the patient, and using them to provide the best treatment to the patient at the ***point of care***.

The measures used in VitalSign[6] to facilitate ***Measurement Based Care for Depression*** provide important data that are available to the healthcare provider within minutes. These measures provide vital information to assist the physician in the diagnosis and treatment of depression and should be used at the ***point of care***. This approach is consistent with best practice guidelines for treatment of depression. The measures should be administered at every treatment visit. It doesn't stop there. The physician must review the results of the measures at each visit ***before*** conducting the patient examination so the data can be used to discuss progress and treatment with the patient at the ***point of care***. We are already seeing significantly better patient outcomes in our VitalSign[6] primary care clinics where physicians are using the MBC measures at the ***point of care***.

Clarifying the PHQ-2 and PHQ-9– Joseph Trombello, PhD

The reliability and validity of the PHQ-9 were established in two studies involving thousands of patients in primary care and OB-GYN clinics (Kroenke, Spitzer, & Williams, 2011). The measure improved upon prior instruments by being shorter and mapping questions specifically onto MDD diagnostic criteria.

>>> The nine items are each rated on a 0-3 scale regarding the frequency with which symptoms have been experienced over the prior two weeks. The first two items constitu the PHQ-2 and specifically inquire about the two core symptoms of depressed mood and anhedonia (loss of pleasure/interest in activities). As diagnostic MDD criteria requires th at least one of these two symptoms be present most of the day, nearly every day for at least two weeks, it is unnecessary to continue with depression screening if these criteria are not met. This fact explains our decision to use a score of "3" as the cut-off to admini ter the PHQ-9.

<<< The remaining seven items involve the other symptoms of depression, including changes in appetite/weight, disturbances in sleep, thoughts of guilt or worthlessness, etc Cutoffs of 5, 10, 15, and 20 were established empirically and correspond to depression symptom severity categories of minimal, mild, moderate, moderately severe, and severe The final item asks about the impact of depressive symptoms on several functional doma The PHQ-9 is not a substitute for a formal diagnostic interview to confirm or rule out MD but nonetheless it is a useful screening tool to aid providers in determining which patien merit additional depression inquiry.

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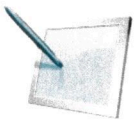
Documenting Diagnosis & Treatment Plan on Follow-up Screen– Ronny Pipes, MA. LPC-S

It only takes a few seconds to document the diagnosis and treatment option(s) in VitalSign[6]. This can be done via the iPad, laptop, PC or even a smartphone. It is really just a matter of preference and what fits best in your clinic workflow. Once you have the results of the PHQ screen and have decided on the most appropriate diagnosis and treatment for the patient, it only takes a few clicks and you're done.

Here are some tips:

- When the screen is negative the most common follow-up options are:
  - Diagnosis: No Psychiatric Diagnosis
  - Treatment Plan: No Follow-up Indicated



- If the patient was already being treated for depression before the first PHQ is given in VitalSign[6], check the last option under **Diagnosis:** *In Treatment for Depression Prior to VitalSign[6].*
  - Indicate whether the treatment is being provided in the primary care setting, specialty care setting, or both by checking the appropriate boxes.
  - You still need to check all appropriate diagnoses (e.g. Major Depressive Disorder) from the list in the **Diagnosis** section of the follow-up Plan screen.

Treatment Plan Options

Once you have decided on the best treatment plan for the patient. . .

- First select the setting in which the treatment will be provided.
  - Measurement Based Care for Depression in ***Primary Care***
  - ***External*** Specialty Care Referral
  - Check both options if treatment will be provided in both settings
- Next, select the specific type of treatment prescribed under the appropriate setting(s)
  More on this in next month's newsletter!
- In some instances the patient declines any treatment during the current visit. They may need time to consider their options or discuss them with loved ones.
  - Treatment Refused by Patient; Monitor and Reevaluate – is the most appropriate treatment option in this case.
- On a few occasions it may not be possible to confirm or rule-out a diagnosis of depression at the screening visit. The patient may be too sick for a diagnostic interview. The depressive symptoms may not have been present at a significant level for at least two weeks. Other variables may make it unclear.
  - Monitor and Rescreen at Next Visit - is the most appropriate treatment option in this case.

Behavioral Activation Tip - Katherine Sanchez, PhD

BA is an "action-oriented" approach to the treatment of depression. Clinicians work collaboratively with patients to set an agenda with the primary goal being activation. While understanding the roots of the depression is important, the focus of that analysis should be on the behaviors that increased the symptoms and fed the cycle of withdrawal and isolation. Targeting those behaviors the patient would like to increase (or begin anew) and those they would like to decrease is key to gaining insight and helping the patient to set reasonable goals for activating. While structure and focus are key to goal setting, making adjustments will often be necessary in order to avoid feelings of failure when the patient reports little accomplishment between sessions. Support and non-judgment on the part of the clinician is essential.

** Recommended reading: Behavioral Activation for Depression: A Clinician's Guide, Martell, Dimidjian, and Herman-Dunn (2010).*

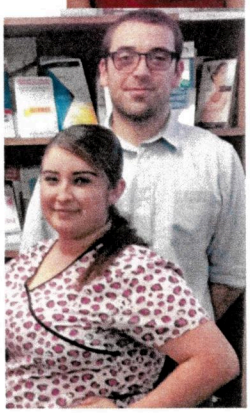
#ClinicSpotlight– Dr. Perez Clinic

"VitalSign[6] has allowed patients to talk about it [depression] more. When the patient comes in and fills out the depression questionnaire the patient is able to talk to me about their problems whereas before they would consider it a sign of weakness to be depressed. It has allowed me to open up the conversation and by opening up the conversation more people are getting taken care of."

- Dr. Perez

#GreatJob!

Dr. Perez Clinic has screened over 300 patients since January 2015.



#UpcomingEvents!

Coming Up!

CS&E Team presentation– June 8th

Father's Day– June 21th

VS[6] RHP9 Road Show—June 30th

June 2015

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8 CS&E	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30 VS[6]				

"Intelligence is the ability to adapt to change"

– Stephen Hawking

Want the latest Depression Center news? Find us on Facebook

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Bass Center 6363 Forest Park Road

Dallas TX 75390-9119

Phone: 214-648-0181 Fax: 214-648-0167

Madhukar.trivedi@utsouthwestern.edu

http://www.utsouthwestern.edu/labs/depression/

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