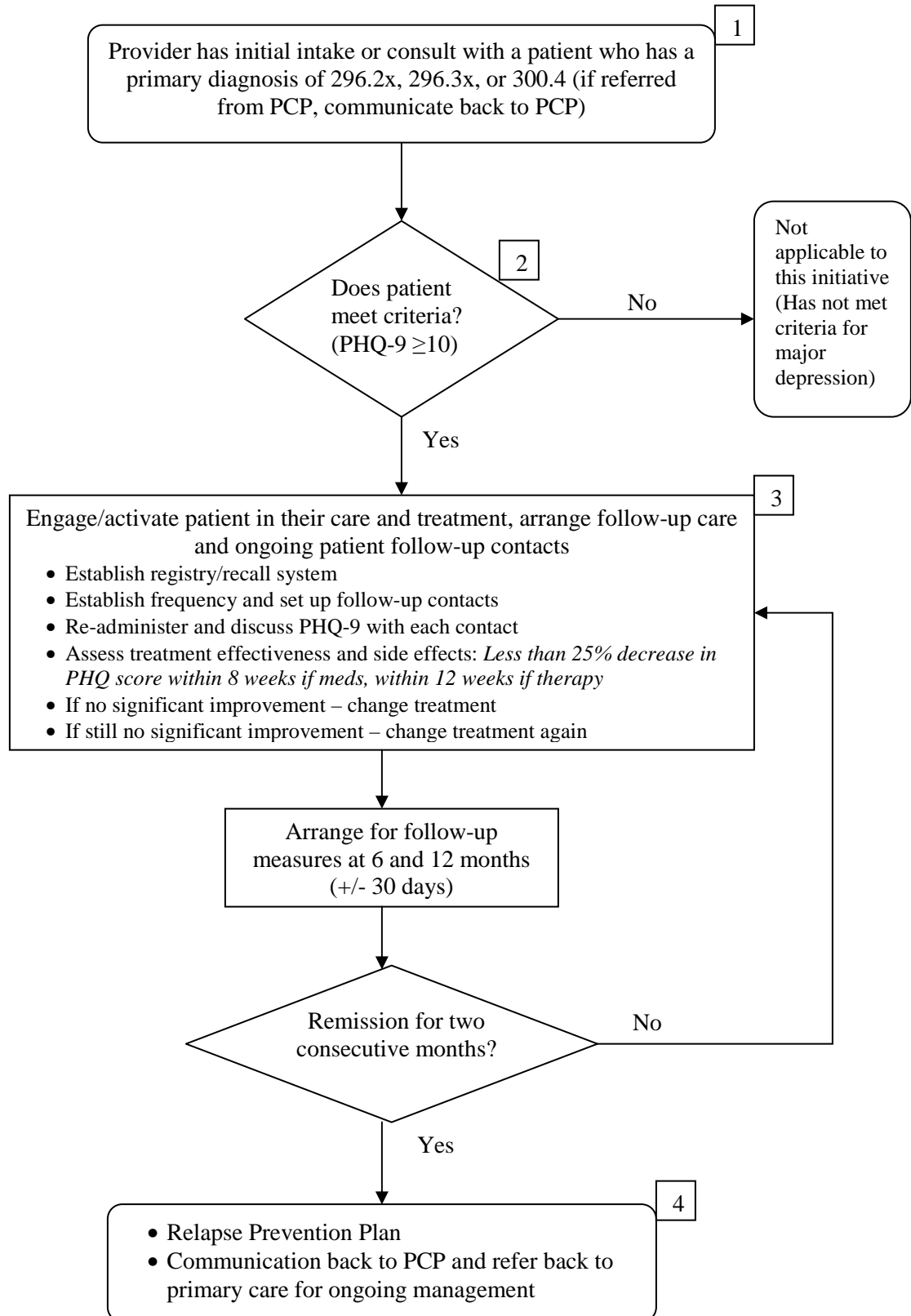


# DEPRESSION CLINICAL WORK FLOW GUIDE FOR BEHAVIORAL HEALTH

## Workflow



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## *Annotations*

### **1. Provider has initial intake or consult with patient**

Any patients 18 years of age or older having one of the three accepted codes: 296.2x, 296.3x, or 300.4 as a primary diagnosis. Newly diagnosed or with established depression diagnosis in the primary position. An eligible patient may be treated with medications only, therapy only, or a combination.

### **2. Does patient meet criteria**

Established code (mentioned above) and PHQ-9 of 10 or greater. PHQ-9 considered is the one done in the outpatient setting, not in the ER or as an inpatient.

The nine-item Patient Health Questionnaire (PHQ-9) should be given at every contact. It is a standardized instrument that will quantify and document future progress, including response and remission rates. It has been validated for measuring depression severity (*Spitzer, 1999; Kroenke, 2001*), as well as for telephonic administration (*Pinto-Meza, 2005*). A Spanish language version has been validated for use in primary care as well (*Wulsin, 2002; Diez-Quevedo, 2001*). Other language versions, although not yet validated, at least give the patient and care manager something to work with that is better than care as usual. Other language versions can be found at: <http://www.mapi-trust.org/services/questionnairelicensing/cataloguequestionnaires/129-phq>

### **3. Engage/activate patient, arrange follow-up care and ongoing contacts**

Will need a registry or some type of established recall system for this type of care management and follow-up.

At each follow-up contact:

- Re-administer the PHQ-9 for patient progress and modification of treatment approach
- Treatment effectiveness, side effects
- Other types of therapy
- If no significant improvement (Less than 25% decrease in PHQ score within 8 weeks if meds, within 12 weeks if therapy) change treatment.

### **4. Relapse prevention and communication**

When the patient has been in remission (PHQ-9 less than 5) for two consecutive months, a relapse prevention plan should be initiated for ongoing maintenance. For patients who were referred from a primary care provider, refer back to primary care for ongoing management.