

A Message from MHNet's Medical Director:

Treatment of Major Depression

Major depression is a common illness—10 to 15 percent of people will be afflicted by significant depression at some point during their lifetime. Symptoms include anergy, apathy, anxiety, changes in sleep patterns, change in appetite, poor memory, and concentration along with loss of pleasure, feelings of hopelessness, and worthlessness. The treatment of major depression should involve a combination of medications and therapy.

Primary care physicians prescribe the majority of antidepressant medications. This probably occurs because antidepressant prescribing is straightforward, there are few major side effects from these medications, most patients are unfamiliar with how to find a psychiatrist and/or they are reluctant to see a psychiatrist.

Recently, considerable advertising has been devoted to the augmentation of an antidepressant with an atypical antipsychotic. This can be problematic since atypical antipsychotics have been shown to induce diabetes, elevate cholesterol and triglycerides, and increase the risk of strokes and heart attacks in elderly individuals with dementia.

Before prescribing an atypical antipsychotic consider the following:

1. Since all antidepressants appear to be equally effective with similar rates of onset, the choice of medication should depend on the drug's side effect profile, potential interactions with other medications and the patient's ability to pay. Depending on the patient's insurance, the cost of a single dose of an antidepressant can range from \$0.12 to \$5.70 per day.

2. If a patient shows no response to an antidepressant after six weeks at an adequate dose they should be switched to a different class of antidepressant. If they show a partial response one should consider increasing the dose and/or switching to an antidepressant with additional neurotransmitter activity (e.g. switching an SSRI to an NSRI).
3. If there have been several attempts at single drug therapy and the patient remains significantly depressed, referral to a psychiatrist would be appropriate.
4. When educating patients about antidepressants, keep in mind that they can cause a worsening of depression including the onset of suicidal ideation. If this occurs patients should be instructed to stop the medication immediately. They should not be instructed to increase their dose nor should one prescribe a second drug to augment the first.

Please contact MHNet if you have a patient that may benefit from additional information or would like to make a referral.

Sources: Qaseem A, Snow V et al: Using second-generation antidepressants to treat depressive disorders: a Clinical Practice Guideline from the American College of Physicians. *Ann Intern Med* 2008; 149:725-733

Garlehnar G, Gaynes BN et al: Comparative benefits and harms of second-generation antidepressants: background paper for the American College of Physicians. *Ann Intern Med* 2008; 149:734-750

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MHNet Service Centers

National Service Center—Austin: 800.336.2030
National Service Center—Orlando: 800.835.2094
National Service Center—St. Louis: 800.377.9096
Kentucky Service Center: 888.604.6106

MHNet's website: www.mhnet.com



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Focus on HEDIS

MHNet's Quality Improvement Department is charged with developing programs and initiatives to improve behavioral health Healthcare Effectiveness Data and Information Set (HEDIS) measures.

MHNet's Quality Improvement Department and Medical Directors are available for consultation should you have any questions about MHNet's programs. MHNet Case Managers also are available to facilitate the scheduling of appointments. Our Case Managers can assist you in ensuring the patient keeps the scheduled appointment and following up with the patient if the appointment is missed.

Appropriate Use of Antidepressant Medication

Program Goal: MHNet works to ensure the appropriate use of antidepressant medication by working with providers to implement evidenced-based best practices. Patients prescribed antidepressant medication generally benefit from psychotherapy in addition to medication management. MHNet works to increase the number of patients receiving follow-up care after receiving a prescription.

The Provider's Role: Providers and MHNet can work together to secure optimal treatment outcomes by encouraging compliance with follow-up care. We encourage you to talk with your patients about the benefits of including therapy in their treatment plan to improve compliance and to refer them to a therapist when appropriate.

HEDIS Measures: Patients 18 years or older diagnosed with a new episode of major depression and prescribed antidepressant medication 1) *Effective Acute Phase Treatment:* who remained on medication during the entire 84-day Acute Treatment Phase. 2) *Effective Continuation Phase Treatment:* who remained on an antidepressant drug for at least 180 days.

Follow-up Care After Inpatient Mental Health Admissions

Program Goal: MHNet aims to reduce recidivism by developing a thorough discharge plan, which includes a scheduled behavioral health appointment within 3 days of discharge. MHNet begins the discharge planning process as soon as the patient is admitted to an inpatient setting and works to secure an appointment prior to the patient's discharge.

The Provider's Role: MHNet requests that providers be flexible in scheduling appointments following inpatient admission to help us meet our stringent goal. Immediately notifying MHNet of any missed appointments also helps us know when to contact the patient to encourage compliance with the treatment plan.

Measurements: Patients 6 years of age or older who were hospitalized for treatment of selected mental health disorders who had a follow-up visit with a mental health provider 1) within 7 days of discharge or 2) within 30 days of discharge.

Follow-up Care for Children Prescribed ADHD Medication

Program Goal: Research shows that children prescribed medicine for ADHD benefit greatly from continual monitoring to ensure the effectiveness of the medication. MHNet encourages patients and providers to have regularly scheduled appointments.

The Provider's Role: Talk to your patients about the necessity of continuous monitoring. Many patients are resistant to regular appointments because of time requirements; but by educating the patient's parents or caregivers on the importance of follow-up care, we can improve the effectiveness of treatment.

HEDIS Measures: 1) *Initiation Phase:* Patients 6-12 years of age with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with provider with prescribing authority during the 30-day initiation phase. 2) *Continuation and Maintenance Phase:* Patients 6-12 who remained on ADHD medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a provider within 270 days after the initiation phase ended.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Program Goal: MHNet works to ensure that patients who have alcohol or substance abuse problems receive the treatment and resources they need to overcome their addiction.

The Provider's Role: When a patient is identified as having an alcohol or substance abuse problem, the provider should work with the patient to develop a treatment plan that takes into account the patient's support and resources, thereby improving compliance.

Measurements: Adult and Adolescent patients with a new episode of alcohol or other drug dependence (AOD) who received 1) *Initiation of AOD treatment:* Patients who initiate treatment within 14 days of diagnosis. 2) *Engagement of AOD Treatment:* Patients who initiated treatment who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

Postpartum Depression



MHNet has a specialized program for women who are at risk for or may be suffering from Postpartum Depression. MHNet encourages you to discuss the symptoms of Postpartum Depression with your patients and explain the

benefits of seeking treatment through MHNet. MHNet offers materials on how to differentiate between typical “Baby Blues” and Postpartum Depression. We also provide new mothers with the Edinburgh Postnatal Depression scale to help them determine if they may be suffering from Postpartum Depression.

We would be happy to provide you with copies of our Postpartum Depression and Baby Blues materials. If you have identified a mother suffering from Postpartum Depression, MHNet is available to help you refer the patient to a behavioral health specialist, if necessary.

Please feel free to contact your regional QI Coordinator to request materials or make a referral. Together, we can improve the well-being of patients suffering from Postpartum Depression and help make the experience more joyful for mother and child.

Care Coordination

In order to promote the best possible outcomes for our patients, MHNet works to make sure care is coordinated between Primary Care Physicians (PCPs) and behavioral health providers. The complex interplay between behavioral and medical health needs necessitates constant communication between psychiatrists, therapists and medical providers.

The primary means of ensuring this coordination is MHNet’s Outpatient Treatment Report (OTR). This report contains vital treatment information that can help Primary Care Physicians make better decisions that are based upon a patient’s complete health situation. When the patient provides consent, MHNet forwards the OTR to the patient’s PCP.

If you have any questions about MHNet’s Care Coordination efforts, please contact your regional QI Coordinator.



Depression and the Older Adult

Older adult patients who may be suffering from Depression are often less likely to seek treatment than younger patients. In some cases, older adult patients assume that the symptoms of Depression are just a part of the aging process. For others, Depression can be overshadowed by physical illness. MHNet’s specialized program for older adult patients suffering from Depression is designed to educate patients on the signs of Depression and help patients understand when to seek treatment.



MHNet’s program also is designed to help patients suffering from Depression that may be brought about by a physical condition. MHNet offers specialized materials on Depression and certain illnesses including information on Depression and Cancer, Depression and Stroke, and Depression and Diabetes.

If you feel a patient may benefit from the materials, please feel free to contact your regional QI Coordinator.

Substance Abuse



Primary Care Physicians play a vital role in the successful initiation and engagement of substance abuse treatment.

In many cases, PCPs are the first providers to become aware of substance abuse and are in the position to successfully prompt patients to begin treatment. In order to improve identification and help patients seek help for substance abuse disorders, please consider the following steps:

- Become familiar with MHNet’s Clinical Practice Guideline Summary for substance abuse [on our website]
- Actively work to implement Evidenced-Based Practices
- Conduct a thorough screening for substance abuse on all patients
- Work with MHNet Case Managers to coordinate care with additional providers
- Work with family members and other concerned parties to support the patient’s recovery

Please feel free to contact MHNet’s regional QI Coordinator to request materials or discuss our services.

Focus on MHNet's Preventive Health Care Programs

MHNet provides numerous preventive behavioral health programs targeting specific populations of members. We need your assistance to improve participation in these programs.

MHNet recognizes that practitioners are the cornerstones of successful and continuing treatment for these members. Our preventive behavioral health programs were developed to promote early identification, increase awareness of best practices, and complement the services that you provide.

Current Preventive Behavioral Health Programs

- Adolescent Depression Preventive Behavioral Health Program
- Anxiety Disorder Preventive Behavioral Health Program
- Attention Deficit/Hyperactivity Disorder Preventive Behavioral Health Program
- Depression and the Older Adult Preventive Behavioral Health Program
- Postpartum Depression Preventive Behavioral Health Program

We encourage you to discuss these programs with patients who meet the outlined criteria. Additional information can be found in your Quick Reference Guide, on our website at www.mhnet.com, or by calling the Quality Improvement Department at your National Service Center.

Additionally, MHNet's comprehensive online library is a great resource for member preventive health and educational materials. Topics include, but are not limited to, stress management, balancing life and work issues, time management, aging and elder care, and smoking and chemical dependency issues.

These materials are accessible on our website for you to copy and distribute to your patients.

NCQA Accreditation

MHNet Behavioral Health has received, and maintained, Full 3-year NCQA Accreditation since 1999.

The NCQA surveyors have cited strengths including MHNet's unparalleled dedication to quality and service. They highlighted MHNet's close collaboration with health plans, particularly for preventive health programs. The surveyors' also emphasized MHNet's strong patient advocate orientation and the careful attention MHNet Case Managers pay to patients with coexisting medical conditions.

The renewal accreditation date is September 2012.