MBHP
Massachusetts Behavioral Health Partnership
A Carelon Behavioral Health Company

Antidepressant Medication Management (AMM) - Stakeholder Feedback

MBHP recently gathered stakeholder feedback related to the successes and challenges of treating major depression, particularly around supporting the patient's adherence to a medication regimen. Primary care clinicians (PCCs), behavioral health (BH) providers, and Member representatives had the opportunity to provide feedback regarding approaches to screening, treatment, and follow-up. MBHP also conducted record reviews at community health centers, in order to supplement the feedback gathered from stakeholders. Key findings, along with provider and Members representative suggestions about best practices, are highlighted below.

Key findings:

- Amongst several screening tools indicated on the provider survey, the Patient Health Questionnaire (PHQ 9) was the most common.
- When asked about why patients do not take the prescribed antidepressant medication, the most common response from all stakeholders was "concern about potential side-effects."
- When asked about the barriers that they (providers) experience in treating patients with major depression, providers again indicated that the patient's prior experience with medications - i.e., side effects, etc. - was one of the most significant barriers; another significant barrier that is highlighted by providers is "patient's lack of social supports."

Member representative perspective

MBHP conducted a focus group with a panel of Member representatives who made the following suggestions about how to support medication adherence:

- Providers should educate the Member about expectations related to taking the medication, e.g., explain therapeutic doses and potential side effects.
- Members need daily reminder strategies, e.g., cell phone reminders.
- Members should secure support from family, friends, and peer support groups.
- Family and friends need coaching supports, e.g., Families for Depression Awareness – free webinars and brochures.
- The health plan should ensure access to services, e.g., Walk-in Clinics.
- Stakeholders should continue to normalize mental health and reduce stigma.

Providers share best practices

Approximately 190 BH providers and 40 PCC practices responded to a survey about the challenges and successes of treating for major depression. The survey included an opportunity for providers to share best practices. Their responses are below.

Assessment

BH providers suggested the following:

- Provide training for staff on assessment tools, as staff are more likely to use a tool if they understand the potential helpfulness of the tool and feel confident in their ability to assess and treat depression.

- Conduct a history during the screening/intake process, during which time clinicians can make referrals for any of the following: psychiatric services, family, in home or outpatient services (therapy).
- Conduct semi-annual administration of standardized self-report measures.
- Utilize assessment tools (e.g., BPRS and PHQ-9), discussing questions to address with the prescriber.

Treatment for depression

BH providers suggested the following:

- Contract for safety after every session with any patient with a history of self-harm or suicide, until the therapist and client (and family) are confident that there is no more significant risk.
- Utilize individual treatment, group therapy, and case management services (care coordination, Community Health Workers (CHWs)/Community Support Program (CSP), etc.).
- Utilize and optimize holistic approaches combining psychotherapy, psycho-education, exercise, nutrition, sleep, mindfulness and meditation, expressive arts, socializing, social hobbies, building of natural supports, volunteering, vocational assistance, self-help groups, and other therapeutic opportunities.
- Suggest that patients limit exposure to cable news and other sources of negative/traumatizing content.
- Allow for patients' interest in seeking alternatives to psychoactive allopathic medications by referring them to practitioners (both MDs and others such as acupuncturists).
- Be patient and sensitive with introducing medications into treatment plans; provide information but also encourage patients who are so inclined to research options.
- Champion the patient's courage to embrace the diagnosis and consider the option of medication despite feelings of resistance.
- Conduct weekly therapy, in addition to frequent medication management, for patients who are acutely depressed or who are working on long-term issues that worsen their depression.
- Ensure that patients who see a psychiatrist also participate in ongoing therapy as needed. Encourage patient participation in decision-making around therapy referrals.
- Ensure peer supervision, frequent monitoring of risk, and collaboration with family members and other social supports in the therapy.
- Focus on cognitive behavioral homework assignments, frequently communicating with other providers, especially prescribers.
- Ensure that there is 24/7 emergency coverage and patients know how to access it.
- Assess any comorbid conditions.
- Use evidence-based therapies (e.g., Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), etc.).

- Receive medication compliance notifications from insurance companies when prescriptions are not refilled.
- Refer to the VNA where appropriate.
- Conduct a substance use disorder evaluation.
- Conduct psychiatric evaluation routinely with patients suffering from major depression, with particular attention to acquisition of skills for emotional self-regulation and sleep hygiene.
- Give patients homework, and review treatment plans regularly.
- Discuss progress often and review the timeline.
- Practice family therapy as well, if appropriate.

Instruction and education

PCCs suggested the following:

- Explain to the patient that he/she may need to stay on medication for a period of time to see if it is working.

BH providers suggested the following:

- Provide appropriate literature at the time of prescribing.
- Provide instructions to family members and other social supports if possible and encourage patients to call anytime 24/7 if they have questions, promoting good communication.
- Provide instruction and education to patients about:
  - medication use as prescribed;
  - the disease state and need for medication compliance/side effects/need for follow-up with outpatient therapist and medication manager, e.g., use the Depression Workbook by Copeland;
  - common barriers to care and societal biases regarding mental health care designed to strengthen patient's acceptance of the illness and reduce resistance;
  - how long it takes for medications to work and other CBT or DBT strategies they can try to feel better;
  - how to access additional services such as emergency rooms and crisis centers;
  - relaxation techniques as well as 'tapping' (EMDR), use of herbal remedies, and locations of local natural food stores; and
  - community resources, community self-help group work, coupled with introduction to family and patient resources, i.e., NAMI, Recovery, Inc., etc.

Follow-up

PCCs suggested the following:

- Incorporate phone call check-ins, both where the patient calls with updates, or where the nurse checks in with the patient.
- Follow-up in office is most important, as is seeing a psychiatrist for follow-up.
- Follow-up on referrals with the provider.

BH providers suggested the following:

- Conduct weekly, twice weekly, or bi-weekly counseling sessions (with appropriate individualized frequency) with monthly medication management appointments, which allows for tracking progress, side effects, and increase or decrease in symptoms.
- Routinely check in with a client about his/her past medication experiences and about current symptoms and results of taking supplements and/or medications.
- Review medication changes and effectiveness at every session with documentation.
- Combine individual counseling with medication management.
- Document compliance.
- Outreach with telephone calls between appointments.
- Conduct half-hour or 50-minute appointments; no 15-minute appointments.
- Follow-up with a PHQ-9 questionnaire.
- Use the standard monitoring as used by other providers, and ask the patient whether he/she has had any problems with getting refills, as he/she will often admit medication noncompliance at that time, and it allows problem solving if they are having difficulties.

Integration and communication

PCCs suggested the following:

- Consult with Massachusetts Child Psychiatry Access Program (MCPAP) psychiatrists.
- Embed psychiatry in the practice for referral or consultation.
- Integrate primary care and behavioral health staff.
- Employ an on-site therapist (SW) part-time to assist with psych referrals.
- Develop a multidisciplinary team who meets weekly to review care for high-risk patients.

BH providers suggested the following:

- Ensure that a Release of Information (ROI) is in place for integrated treatment with primary care, and use one medical record if possible.
- Develop onsite/same agency partnering of prescriber and clinician for ideal collaboration.
- Utilize a BH clinician who can see patients during primary care visits for patients who may not feel comfortable coming to therapy and/or who have not come in for scheduled

appointments with a therapist due to a variety of reasons.

- Communicate with the prescriber about patient progress and attendance in therapy on at least a monthly basis.
- Know when the patient has his/her next appointment with a medication provider and ask at each visit if there are any changes with medication or side effects; communicate any reports of side effects to the medication provider in a timely fashion, depending on the severity of the adverse drug reaction.
- Initiate collateral discussion with therapists.
- Ensure a team approach with an ongoing therapist and prescriber working together.
- Use a multidisciplinary approach to care with open communication.

Technology

BH providers suggested the following:

- Develop lots of support for communication, such as the Epic medical record system and support staff.
- Use an integrated behavioral health and medical record; this is a huge advantage.

Individual and family support

PCCs suggested the following:

- Utilize Patient Navigators for PCC patients accessing behavioral health outside the clinic.

BH providers suggested the following:

- Utilize Community Health Workers who can assist patient with medication adherence strategies (i.e., pictorial reminders, calendars) and explain medications in easy-to-understand terms.